

# PREA Facility Audit Report: Final

**Name of Facility:** MCI Hagerstown

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/08/2018

**Date Final Report Submitted:** 10/03/2018

AUDITOR DECLARATION	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Yvonne Gorton	<b>Date of Signature:</b> 10/03/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Gorton, Yvonne
<b>Address:</b>	
<b>Email:</b>	gortony@michigan.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	01/22/2018
<b>End Date of On-Site Audit:</b>	01/24/2018

FACILITY INFORMATION	
<b>Facility name:</b>	MCI Hagerstown
<b>Facility physical address:</b>	18601 Roxbury Road, Hagerstown, Maryland - 21746
<b>Facility Phone</b>	240-420-1000
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
<b>Name:</b>	Kelly Partlow	<b>Title:</b>	PREA Compliance Manager
<b>Email Address:</b>	kelly.partlow@maryland.gov	<b>Telephone Number:</b>	240-420-1312

Warden/Superintendent			
<b>Name:</b>	Denise Gelsinger	<b>Title:</b>	Warden
<b>Email Address:</b>	denise.gelsinger@maryland.gov	<b>Telephone Number:</b>	240-420-1300

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	Kelly Partlow	<b>Email Address:</b>	kelly.partlow@maryland.gov

Facility Health Service Administrator			
<b>Name:</b>	Jennifer Mellot	<b>Title:</b>	Regional Director of Nursing
<b>Email Address:</b>	jennifer.mellott@maryland.gov	<b>Telephone Number:</b>	240-420-1200

Facility Characteristics			
<b>Designed facility capacity:</b>	1006		
<b>Current population of facility:</b>	633		
<b>Age Range</b>	Adults: 18-60+	Youthful Residents:	
<b>Facility security level/inmate custody levels:</b>	MEDIUM MINIMUM PRE RELEASE		
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	451		

AGENCY INFORMATION	
<b>Name of agency:</b>	MD Department of Public Safety and Correctional Services
<b>Governing authority or parent agency (if applicable):</b>	N/A
<b>Physical Address:</b>	300 E. Joppa Rd, Towson, Maryland - 21286
<b>Mailing Address:</b>	
<b>Telephone number:</b>	410.339.5000

Agency Chief Executive Officer Information:			
<b>Name:</b>	Stephen T. Moyer	<b>Title:</b>	Secretary
<b>Email Address:</b>	Stephen.Moyer@maryland.gov	<b>Telephone Number:</b>	410.339.5005

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Wolinski	<b>Email Address:</b>	david.wolinski@maryland.gov



## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

### **Pre-Audit Phase**

The Prison Rape Elimination Act (PREA) on-site audit, of the Maryland Correctional Institution - Hagerstown, was conducted on January 22, 23 and 24, 2018. Lead auditor was U.S. Department of Justice Certified PREA Auditor Yvonne Gorton, assisted by Prison Counselor, John Morrell, and PREA Analyst Mary Mitchell, all from the Michigan Department of Corrections. Six weeks prior to the onsite visit, the facility was provided with Audit notices that detailed the date of the audit and provided contact information for inmates to contact the audit team leader. The Facility Administration was asked to post the notices in areas of the facility where inmates could easily view them. No letters from inmates were received prior to the visit. Agency PREA Coordinator, David Wolinski, and Facility PREA Coordinator, Kelly Partlow, did complete the Pre-Audit Questionnaire, on the Online Audit System, and did download pertinent information, i.e., agency policies and various documentation, in support of compliance with the standards for auditors' review, in advance of the onsite portion of the audit. However, the information was presented somewhat later than it should have been, so auditors did not have adequate time to review it prior to the on-site portion of the audit. In addition, at least some of the policies that were available on the Online Audit System were outdated and, thus, were not useful to auditors.

### **On-Site Audit Phase**

The onsite facility audit began on January 22, 2018. There was a facility greeting from Assistant Warden, Keith Lyons, Security Chief, Ron Brezler, Facility PREA Compliance Manager, Kelly Partlow, and several other staffs representing Custody, Case Management, Medical and Mental Health and Programs. Introductions were made, and the audit team outlined their plan for the audit. The Facility PREA Compliance Manager presented Housing Unit and staff rosters, and auditors made random selections of both prisoners and staff to interview. Random prisoners were chosen for interview by choosing the first name on the roster, counting down 10, and continuing until the requisite number of names had been chosen. Staff who were contacting prisoners were told that if a prisoner refused to be interviewed, to move to the next name on the list. Random staff were chosen in much the same way except that auditors did try to choose staff from various areas of the facility, to get a good sampling of the employees who are assigned there. A list of specialized prisoners and staff was also submitted so that staff could begin coordinating the interviews while the team was conducting the site review.

Site Review - After the introductory meeting, the site review of the facility began. Accompanying the audit team were Security Chief, Ron Brezler, Assistant Warden, Keith Lyons, Facility PREA Compliance Manager Kelly Partlow and various other staff assigned to escort auditors. We reviewed all housing units including segregation, as well as food service, medical and mental health, library, recreation yard, property room, maintenance, visiting area, chapel, school, master control, intake and several prison industries. During the site review, informal interviews were conducted with both staff and inmates. Auditors took care to audit at least one staff, and one inmate, informally, on each wing of each housing unit. These informal interviews provided auditors a method of assessing the culture of the facility,

identifying how well prisoners have been educated about their rights, how knowledgeable staff are about their responsibilities, and how well information regarding inmates' rights is disseminated throughout the areas where inmates have ready access to it. Interviewing staff, in these informal settings, also helped auditors determine how various processes are carried out, at the facility, which helped them discern what specific information to seek from which staff.

While moving around the facility, auditors noted that female staff do announce their presence when entering the all-male housing units, and that they also announced the presence of the female auditors. Auditors also observed PREA postings, the PREA Audit posting, Hotline numbers, and information regarding the availability of advocacy services posted throughout most areas of the Housing Units, in Dayrooms, in the Library, Health Care, Food Service, and various other areas of the facility.

During the site review, auditors noted some areas of concern:

(1) In Housing Unit #1, the Officers' Desk, on wings A and D, allowed a view into the prisoner shower. Staff were asked to move the desk a few feet to prevent non-medical staff cross-gender viewing, and they immediately did so.

(2) In Housing Unit #1, auditors were not able to observe any PREA Audit notice postings. When staff were asked about this, they said that the notices had been posted but that inmates tore them down. We did see the postings in other housing units and areas of the facility, i.e., the dining hall and in health services.

(3) Inmates phones in Housing Unit #1, a Segregation Unit, are portable and are moved to the cell for inmate use. Segregation inmates are double celled, and auditors were not able to discern how they are able to make private phone calls. In addition, the Unit Case Manager, when interviewed, said he does not make rounds on the unit, on a regular basis and said, in fact, that he does not go on the wings except to deliver a notification from family or to obtain a prisoner signature. When asked how an inmate might make a request, of him, to make a confidential call, he was unable to provide an answer.

(4) Instructions for calling the PREA Hotline number were somewhat confusing. Auditors had to make several attempts to successfully call the PREA Hotline number, from phones inmates use in the housing units, because the instructions on how to make the call were unclear. Instructions on printed materials inmates were given, including the exact number, differed slightly from the instructions on the phone recording. One publication indicated that the number 1 should be dialed before the hotline number, and another brochure identified that the number 2 should be dialed prior to dialing the hotline number. After several attempts, I was able to get the call through.

(5) In the Laundry Shop, a metal, fire escape type of ladder, lead to an upper room that was completely accessible and out of view of staff and other prisoner workers. A locked gate was installed at the top of the stairs before the audit was completed.

(6) Also, in the Laundry Shop, the prisoner bathroom has no door, and the stalls inside the bathroom have no doors. In the front are urinals that provide a side view for staff walking by, and toward the back are toilet stalls that are also open in the front, providing a clear view, to anyone walking by.

(7) In the Metal I and Metal II Shops, auditors noted blind spots caused by large machinery and tall stacks of materials. There is a low staff to prisoner ratio and the camera system is not monitored continuously by staff, nor is it part of the larger facility camera system. Informal interviews with staff, in the shops, revealed that the cameras are used more as an investigative tool and not as much for prevention and detection. Staff indicated that they primarily use them to review video footage after an incident has occurred, and that the monitors are not viewed continuously because of the low staff to prisoner ratio and the need for staff to make regular rounds through the shops. Auditors also learned, in interviewing various other staff in formal and informal interviews, that the facility uses the Prisoner Risk Assessment Score to determine housing assignments but does not take it into consideration when

assigning inmate jobs.

(8) As we moved through the facility, auditors noted that there were several doors that should have been locked but were not, and that at least one inmate bathroom door was locked but was propped open. Administrative staff immediately recognized the need to issue a directive, to all staff, reminding them to ensure that doors are locked and that locked doors are not propped open, and agreed to do so.

Interviews - After completing the site review, auditors began interviews. A total of 36 staff, both specialized and random, were interviewed, including line staff from all three shifts. Auditors followed the interview templates, located on the PREA Resource Center website, and used those interviews to help determine compliance with the standards. A total of 33 inmates, both random and specialized, were interviewed. Auditors ensured that inmates from each housing unit, and staff from each shift, were interviewed. The Agency Head, and Agency Contract Manager were interviewed via telephone, and the Agency PREA Coordinator was interviewed at the facility. Staff at the medical center that the facility uses for forensic exams, and at the victim advocacy agency, were interviewed over the telephone. The Human Resources Director was interviewed in person, at a location other than the facility.

Closeout - An exit briefing was held, on January 24, 2018, when the audit was completed. There the auditors met with the Warden, Denise Gelsinger, the Assistant Warden, Keith Lyons, Security Chief, Ron Brezler, Agency PREA Coordinator, David Wolinski, and Facility PREA Compliance Manager, Kelly Partlow and briefed them on some of our initial observations. Auditors would like to thank Warden Gelsinger, Assistant Warden Keith Lyons, Chief Brezler, and Kelly Partlow for their hospitality and all the assistance they provided during the onsite portion of the audit.

## AUDIT FINDINGS

### **Facility Characteristics:**

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Maryland Correctional Institution at Hagerstown is a medium security institution with an average prison population of 670 adult male inmates. In the past year, the population was decreased by more than half as part of a plan to concentrate prisoners, and correctional officers, in better facilities, for more efficiency, and because renovation of the aging facility was not deemed feasible. The buildings were not designed with modern security in mind, and State officials felt that moving inmates to other locations would improve their safety, and their living conditions. The facility was built in 1942 and is known for its architecture, and the fact that it was built by inmates, with locally quarried stone.

The facility has several prison industries including a laundry, Metal I and Metal II shops, an upholstery shop and a sheet metal fabrication shop. In addition, there are educational, vocational, and substance abuse programs that inmates can also participate in.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	37
<b>Number of standards not met:</b>	0
<b>Not audited at the facility level:</b> Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

41 Standards were audited. Four standards were audited at the agency level.

Number of Standards Exceeded: 3

Number of Standards Met: 30

Number of Standards Not Met: 8

Standards Exceeded:

115.31 Employee Training

115.32 Contractor and Volunteer Training

115.41 Screening for Risk of Victimization and Abusiveness

Standards Met:

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

115.12 Contracting With Other Entities for the Confinement of Inmates

115.13 Supervision and Monitoring

115.14 Youthful Inmates

115.16 Inmates With Disabilities and Inmates Who Are Limited English Proficient

115.17 Hiring and Promotion Decisions

115.18 Upgrades to Facilities and Technologies

115.21 Evidence Protocol and Forensic Medical Examinations

115.22 Policies to Ensure Referrals of Allegations for Investigations

115.33 Inmate Education

115.34 Specialized Training: Investigations

115.35 Specialized Training: Medical and Mental Health Care

115.43 Protective Custody

115.51 Inmate Reporting  
115.52 Exhaustion of Administrative Remedies  
115.53 Inmate Access to Outside Confidential Support Services  
115.54 Third-Party Reporting  
115.63 Reporting to Other Confinement Facilities  
115.65 Coordinated Response  
115.66 Preservation of Ability to Protect Inmates from Contact With Abusers  
115.68 Post-Allegation Protective Custody  
115.72 Evidentiary Standard for Administrative Investigations  
115.73 Reporting to Inmates  
115.76 Disciplinary Sanctions for Staff  
115.77 Corrective Action for Contractors and Volunteers  
115.78 Disciplinary Sanctions for Inmates  
115.81 Medical and Mental Health Screenings; History of Sexual Abuse  
115.82 Access to Emergency Medical and Mental Health Services  
115.86 Sexual Abuse Incident Reviews  
115.401 Frequency and Scope of Audits

Standards Not Met:

115.15 Limits to Cross-Gender Viewing and Searches:

Because conducting cross-gender pat-down, or frisk, searches, and pat-down, or frisk search of transgender and intersex inmates, is not covered in the training lesson plans submitted, there is no proof that security staff, at this facility, are trained on how to perform cross-gender pat-down searches or searches of transgender and intersex inmates in a respectful and professional manner.

Corrective Action Plan: The facility should provide evidence that this training is taught, to all security staff, at the State Correctional Academy, or should revise its Prisoner Search training curriculum to include instructions on how to conduct cross-gender searches, and searches of transgender and intersex inmates in a professional and respectful manner, and provide a copy to me during the corrective action period.

During the site review, Auditors noted that an inmate bathroom, in the Industries laundry, has no door and offers a clear view, for any staff walking by, into the bathroom. The urinals are situated such that staff walking by have a side view of the individuals using them, and stalls toward the back of the bathroom, which are clearly visible to staff walking by, are also completely open and inmates using them can be clearly viewed. Thus, the facility does not meet the (d)-1 portion of this standard.

Corrective Action Plan: Facility should install a partial door, or curtain, at the entrance to the bathroom in the Industries laundry, so that inmates are afforded the opportunity to perform bodily functions without being viewed by non-medical staff of the opposite gender. An alternative would be to provide portable stall doors that can be used by inmates when using the urinals or toilet stalls. Photos of the completed corrective action should be forwarded to me during the corrective action period.

115.42 Use of Screening Information:

MCI-H does not use screening information for inmate placement in work assignments.

Corrective Action Plan: The facility should reassess inmate jobs, with special care given to the prison industry areas, and determine which ones, by nature of the work, work setting, or staff to inmate ratio, may put inmates at risk of being sexually victimized while at work. Further, they should also reassess the inmate work assignments and make adjustments where inmates may be vulnerable due to work setting,

i.e., blind spots, staff to prisoner ratio, and availability of video monitoring. The facility should provide proof of these reassessments, and potential reassignments, to me during the corrective action period.

#### 115.61 Staff and Agency Reporting Duties

Agency policies do not require staff to report any staff neglect or violation of duties that may have contributed to an incident or retaliation. Thus, the facility does not meet the standard.

Corrective Action Plan: The agency should revise OSPS.050.0030 and OSPS.200.0004 to identify that staff have an obligation to report, not just any knowledge, suspicion, or information they have regarding an incident of sexual harassment or sexual abuse, but that they also have an obligation to report any retaliation against inmates or staff who reported an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility should provide copies of the revised documents to me.

#### 115.62 Agency Protection Duties

Because agency policies do not require staff to report any staff neglect or violation of duties that may have contributed to an incident or retaliation, the facility does not meet this standard.

Correction Action Plan: The agency should revise OSPS.050.0030 and OSPS.200.0004 to identify that staff have an obligation to report, not just any knowledge, suspicion, or information they have regarding an incident of sexual harassment or sexual abuse, but that they also have an obligation to report any retaliation against inmates or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility should provide copies of the revised documents to me.

Corrective Action Completed: After the on-site portion of the audit was completed, and the Interim Report had been submitted, the agency provided revised policy directives that do meet the standard and were actually in effect at the time of the audit. Unfortunately, in preparing for the audit, the agency/facility had uploaded outdated policies to the OAS.

#### 116.64 Staff First Responder Duties

Both custody and non-custody first responders were interviewed, and both were able to clearly state their responsibilities as first responders. The custody staff first responder answered the question by relating a personal experience and telling what actions he took, and in what order. In addition, a number of random staff was asked questions regarding their responsibilities, as first responders, and all were well able to explain their responsibilities and the steps they would take. All staff indicated they receive this information in their yearly in-service training. The curriculum for in-service training was reviewed and there is a section dedicated to first responders and their duties. However, agency policy does not meet the standard in that it does not specifically identify that non-custody first responders are required to request of any alleged victim that they not take any actions that might destroy physical evidence.

Corrective Action Plan: Revise agency policy to identify that non-custody first responders should request of the alleged victim that they not take any action that might destroy physical evidence.

#### 115.67 Agency Protection Against Retaliation:

Facility does not forward information, when an inmate who is being monitored for retaliation transfers to another facility, nor have they continued any monitoring for an inmate, who transferred into their facility, during a 90 day retaliation monitoring period.

Correction Action Plan – Complete 90-day monitoring and submit documentation for all monitoring done

through the Corrective Action Period, including for inmates who transfer into the facility during a monitoring period. In addition, demonstrate a process for communication with a facility an inmate is being transferred to so that staff at the facility where the inmate is going will be alerted to the need for the inmate to continue to be monitored through the minimum 90 day period and to report that monitoring.

#### 115.71 Criminal and Administrative Agency Investigations:

Policy does not address the use of compelled interviews.

Corrective Action Required: Revise agency policies to identify that investigators are required to review prior reports and complaints of sexual abuse involving the suspected perpetrator in an investigation, and to discuss the use of compelled interviews.

After additional review of documents, auditor noted that the form used by investigators does contain a checkbox where the investigator can indicate whether or not they have reviewed prior reports and complaints of sexual abuse involving the suspected perpetrator in an investigation. Therefore, the corrective action required for the facility to become compliant with the standard is to revise agency policy to identify that investigators are to conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

#### 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers:

The Medical Evaluation Manual does not provide for any follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or upon release from custody. OSPS.200.0004 does discuss referring victims for appropriate medical and mental health follow up services but lists this responsibility in a section that identifies a specific time frame, one, in fact, where physical evidence may be available at the scene or from the victim or perpetrator.

Corrective Action Plan: Revise Medical Evaluation Manual and OSPS.200.0004 to identify that the ongoing medical and mental health services are available to inmates who report having been sexually assaulted in any prison, jail, lock up or juvenile facility and to provide for follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or in the event the inmate victim, or abuser, is released from custody.

#### SEPTEMBER 2018 UPDATE SINCE THE AUDIT:

The Interim Audit Report reflected that there were eight standards that were in non-compliance.

Therefore, a required corrective action period, of 180 days or less, began on March 8, 2018. The auditor made recommendations for corrective action, for those standards found in non-compliance, and some of the corrective action was taken, by the administration, prior to the completion of the on-site portion of the audit.

In reviewing the Interim Report, the Agency PREA Coordinator felt that some of the corrective action recommended by the auditor had already been done. After some review and discussion, he submitted policies that had been revised some time prior to the beginning of the audit, that demonstrated that the facility was indeed compliant with Standards 115.61 Staff and Agency Reporting Duties, 115.62 Agency Protection Duties, and 116.64 Staff First Responder Duties, and actually had been compliant throughout the audit. It was discovered that outdated policies, for all three of these standards, had been downloaded to the PAQ, on the Online Audit System, rather than the revised policies, and auditors did not have access to the current policies at the time of the audit. For the remaining five standards that were found to

be non-compliant, corrective action was taken and documentation of that corrective action was provided to the auditor. Descriptions of the corrective action taken, and a summary of the basis for the auditor's determination of full compliance, is discussed within the standards that were originally determined to be non-compliant. Auditor now feels that the facility now meets all the standards.

#### Summary of Audit Findings

41 Standards were audited. Four standards were audited at the agency level.

Number of Standards Exceeded: 4

Number of Standards Met: 37

Number of Standards Not Met: 0

#### Standards Exceeded:

115.31 Employee Training

115.32 Contractor and Volunteer Training

115.41 Screening for Risk of Victimization and Abusiveness

115.83 Ongoing medical and Mental Health Care for Sexual Abuse Victims and Abusers

#### Standards Met:

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

115.12 Contracting With Other Entities for the Confinement of Inmates

115.13 Supervision and Monitoring

115.14 Youthful Inmates

115.15 Limits to Cross Gender Viewing and Searches

115.16 Inmates With Disabilities and Inmates Who Are Limited English Proficient

115.17 Hiring and Promotion Decisions

115.18 Upgrades to Facilities and Technologies

115.21 Evidence Protocol and Forensic Medical Examinations

115.22 Policies to Ensure Referrals of Allegations for Investigations

115.33 Inmate Education

115.34 Specialized Training: Investigations

115.35 Specialized Training: Medical and Mental Health Care

115.42 Use of Screening Information

115.43 Protective Custody

115.51 Inmate Reporting

115.52 Exhaustion of Administrative Remedies

115.53 Inmate Access to Outside Confidential Support Services

115.54 Third-Party Reporting

115.61 Staff and Agency Reporting duties

115.62 Agency Protection Duties

115.63 Reporting to Other Confinement Facilities

115.64 Staff First Responder Duties

115.65 Coordinated Response

115.66 Preservation of Ability to Protect Inmates from Contact With Abusers

115.67 Agency Protection Against Retaliation

115.68 Post-Allegation Protective Custody

115.71 Criminal and Administrative Agency Investigations

115.72 Evidentiary Standard for Administrative Investigations

115.73 Reporting to Inmates  
115.76 Disciplinary Sanctions for Staff  
115.77 Corrective Action for Contractors and Volunteers  
115.78 Disciplinary Sanctions for Inmates  
115.81 Medical and Mental Health Screenings; History of Sexual Abuse  
115.82 Access to Emergency Medical and Mental Health Services  
115.83 Ongoing Medical and Mental Health Screenings; history of sexual abuse  
115.86 Sexual Abuse Incident Reviews  
115.401 Frequency and Scope of Audits

## **Standards**

### **Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### **Auditor Discussion Instructions**

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:  Executive Directive Number: OSPS.050.0030 Sexual Misconduct  Executive Directive Number: OSPS.200.0004 Inmate Sexual Conduct  Executive Directive Number: DPSCS.020.0026 PREA Federal Standards Compliance  Appendix 6 to MCIH.ID.020.0026.1</p> <p>Interviews:  Agency PREA Coordinator  Facility PREA Compliance Manager</p> <p>(a)-1, 3  The Maryland Department of Public Safety and Correctional Services (DPSCS) Executive Directive DPSCS.0020.0026 states that the Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy is well detailed and provides definitions of prohibited behaviors. In addition, facility policy, MCIH.ID.020.0026.1 Prison Rape Elimination Act-Federal Standards Compliance identifies that MCI-H does not tolerate staff on inmate or inmate on inmate sexual misconduct and that its purpose is to implement the facility's zero tolerance approach to sexual misconduct and establish procedures for reporting, responding to, and resolving a complaint of sexual misconduct.</p> <p>(a)- 2, 5  Policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates that includes training all staff on how to detect and respond to instances of sexual abuse or harassment, educating inmates on their rights, and staff on their responsibilities, and methods for reporting for both staff and inmates. The policy also identifies that all allegations will be investigated, medical and mental health treatment, and advocacy services, will be provided for victims, and that retaliation against those who reported or cooperated with an investigation will not be tolerated.</p> <p>(a)-4 OSPS.050.0030 outlines sanctions for employees who have participated in prohibited behaviors as being discipline up to and including termination from employment, criminal prosecution, and, if applicable, notification of a relevant licensing authority.  OPSP.200.0005 Inmate on Inmate Sexual Conduct - Prohibited outlines sanctions for inmates who have been determined to have committed sexual conduct. Those sanctions include a penalty established under Inmate Disciplinary Process and criminal prosecution, if applicable.</p> <p>©-1-4  The facility does have a designated Facility PREA Compliance Manager (PCM) who verified, in an interview, that she does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager works closely with the Assistant Warden, and the Security Chief, and reports directly to the Warden. The facility provided a flow chart identifying the facility PREA Compliance Manager position and that the position is a direct report to the Warden. An interview with the Agency PREA Coordinator confirmed that each State of Maryland correctional facility employs a designated Facility PREA</p>

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation: Contract for Services with Threshold, Inc. Threshold Final PREA Audit Report - 2015</p> <p>Interviews: Agency PREA Coordinator Agency's Contract Administrator</p> <p>(a)-1, 2, 3, 4 (b)-1,2 The agency has only one, very small, community corrections facility, run by a private contractor, that it contracts with for pre-release services. A copy of the contract was provided that demonstrated the contractor's obligation to adopt and comply with PREA standards, as well as the agency's responsibility to monitor the contractor's compliance.</p> <p>In an interview, the Agency Contract Administrator said, about the contracted facility, "the PREA Compliance Manager there is a state employee and we pay for real PREA Audits. We treat them exactly like they are one of our facilities."</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:  Executive Directive Number: OPS.115.0001 Staffing Analysis and Overtime Management  MCIH Staffing Plan Summary, Approved 11/30/2017  Executive Directive Number: DOC.115.0006 Post Assignments  DCD#: 110-29 Collapsible Posts  Executive Directive Number: OSPS.050.0030 Sexual Misconduct  Facility Staffing Plan  Post Assignment Worksheet (PAWS)</p> <p>Interviews:  Agency PREA Coordinator</p> <p>(a)-1  Executive Directive OPS.115.0001, effective September 4, 2015, requires that a written Facility Staffing Plan (FSP) be completed, for each correctional and detention facility, to determine adequate staffing levels and the use of video monitoring equipment. The Directive requires that the managing official, or designee, responsible for completing the FSP, when determining adequate staffing levels and the use of video monitoring equipment, take into consideration;</p> <p>(1) best practices used by correction and detention facilities,  (2,3, and 4) findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation, or from an internal or external unit with oversight responsibilities,  (5) the physical plant to identify the presence of 'blind spots' or isolated areas,  (6) characteristics of the inmate population at the facility,  (7) the number and placement of supervisors,  (8) program activity taking place on each shift,  (9) the prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility, and  (10) other factors related to facility safety and security.”</p> <p>In addition, MCIH.ID.020.0026.1 holds the Chief of Security responsible ensure that adequate staffing levels are calculated and maintained considering the same items listed above.</p> <p>(a)-2, 3  The current staffing plan was predicated on a facility population of 633 inmates, the average daily population of the facility. It should be noted that this facility was depopulated, in 2017, from a daily average of 1800 inmates to a daily average of approximately 600 inmates.</p> <p>(b)-1, 2  Deviations from the facility staffing plan are documented on the Post Assignment Worksheet</p>

(PAW). On a daily basis, the Post Assignment Worksheets reflect all assigned Posts, all collapsed Posts and all closed posts. The closed posts, any posts that are not authorized for a shift on a given day, and the collapsed Posts, those posts that are authorized for a shift on a given day but are not staffed that day or, on a short-term basis due to overall staffing needs, and which do not endanger the security of the facility, represent deviations from the staffing plan and are required to be recorded on the PAWs. Identified as the most common reasons for deviating for the staffing plan were not enough staff, facility emergencies and facility lockdowns.

(c)-1

Executive Directive OPS.115.0001, in section 3B5, requires the Department to establish and maintain a uniform system to annually review staffing and posts to ensure effective security and control at the correctional and detention facility. Section 5C2 states that at least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing FSP that includes an analysis of each post to identify:

1. the number of days each week the post is staffed;
2. the rank of the correctional officers assigned to the post;
3. the operational staffing level (OSL) for the post; and
4. the designation as an emergency response post.

In addition, the policy requires an analysis of the correctional or detention facility's operations to determine if changes warrant establishing new posts and modification of the Facility Staffing Plan. The facility provided a copy of their current approved staffing plan. In an interview, the agency PREA Coordinator said, "we have set up a process where the staffing plan is created and they fill out a form that talks about what items they've considered, and then I speak with a representative from the facility, i.e., the Warden or Deputy Warden, and then send them back a letter discussing the plan. These assessments happen once a year. The Major coordinates the staffing plan and notifies me so he can make sure I get in on it."

(d)-1,2

Executive Directive OSPS.050.0030, Sexual Misconduct-Prohibited, states that a supervisor, manager, or shift commander shall take responsible actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are preformed randomly on all shifts. The directive also says that rounds shall be unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted and shall be conducted at a frequency established by the managing official. In an interview, an intermediate or higher-level staff said that he prevents staff from alerting other staff that he is conducting unannounced rounds by asking staff not to announce his presence when he is walking through. Documentation was reviewed that demonstrated that rounds are made at random, on all shifts, and staff who were interviewed said that they are aware of the policy requirement to not alert staff other staff that the rounds are being conducted. Facility policy MCIH.ID.020.0026.1 contains the same requirement.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:  DPDS.100.0003 Separation of Adult and Juvenile Detainees</p> <p>Interviews:  Facility PREA Compliance Manager</p> <p>(a) 1-6, (b) 1-2, (c) 1-2  DPDS.100.0003 requires that a waived juvenile remanded to the custody of the Division must be housed in a separate unit designated for juveniles that affords no more than incidental sight or sound contact with adult detainees from outside the unit in living, program, dining or common areas. The policy holds the Warden responsible for establishing a separate housing area for juvenile detainees and ensuring that all outside activities for juveniles are conducted separately from the adult population.  The facility does not house inmates under the age of 18.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:  Internal Investigative Unit Procedure Number: A01.A.09.007.003  Executive Directive Number: OPS.110.0047 Inmate Personal Searches  Inmate Search Lesson Plan  Inmate Processing Lesson Plan  Executive Directive Number: OSPS.050.0030 Sexual Misconduct</p> <p>Interviews:  Random Custody Staff  Facility PREA Compliance Manager</p> <p>(a)-1, 2, 3 (c)-1  DPSCS.020.0026.1 identifies that Custody staff are responsible for ensuring that inmates of the opposite gender are viewed, in a state of complete or partial undress, only in exigent circumstances or incidental to routine cell checks, and never for the sole purpose of determining genital status. Executive Directive OSPS.050.0030 also prohibits cross-gender viewing other than during a routine cell check, incidental rounding, or due to exigent circumstances. OPS.110.0047 Inmate Personal Searches requires all cross-gender searches and cross-gender body cavity searches to be documented. The facility reports that, in the past 12 months, the number of cross-gender strip, or body cavity searches of inmates was zero.</p> <p>(b)-1  Executive Directive OSPS.110.0047 identifies that a frisk search of a male inmate may be conducted by either male or female staff but that frisk searches of male inmates, conducted by female staff, must not include any touching of the genital area. The policy also holds that a female inmate can be searched, by male staff, only during exigent circumstances, and only with authorization of a managing official or designee, and instructs that the male officer searching a female inmate, under these circumstances, is prohibited from touching the breast, or genital area, of the inmate.</p> <p>(b)-2, 3, 4, (c)-2  The facility does not house female inmates thus no pat down searches of female inmates were performed or documented.</p> <p>(d)-1  Executive Directive OSPS.050.0030 Sexual Misconduct-Prohibited identifies that cross-gender viewing, if performed by non-medical staff, and without warning, other than during supervisory rounds and/or exigent circumstances is prohibited. Both random staff and random inmates said, in interviews, that inmates are able to shower, perform bodily functions and change clothing without non-medical staff viewing them except during staff rounds.</p> <p>(d)-2</p>

DPSCS.020.0026.1 also requires staff of the opposite sex to announce their presence when entering the wing and to ensure that other staffs do the same. During a site of the facility, it was noted that female staff did announce their presence when entering housing units, in this all male facility, and that staff accompanying the PREA auditors announced the presence, of the female auditors, as we made our way through the facility.

(e)-1

OPS.110.0047 Inmate Personal Searches identifies that strip searches of transgender and intersex inmates may not be conducted for the sole purpose of determining genital status and the methods used to determine genital status should include conversation with the inmate, a review of available medical records or as part of a broader medical examination, conducted in private by a licensed medical professional. All random staff interviewed were familiar with this policy requirement and the facility reports that no such searches have been carried out.

(f)-1

Although Departmental policy indicates that male staff may perform frisk searches of female inmates, under exigent circumstances and with proper authorization, the Inmate Search Lesson Plan states that male staff shall not conduct searches of female inmates, and does not specifically identify a process for how male staff should carry out a frisk search of a female inmate, should the need arise, during exigent circumstances and with proper authorization. OPS.110.0047 Inmate Personal Searches clearly outlines how cross-gender pat-down searches should be conducted, but the facility offered no proof of their claim that 100% of their security staff received training on conducting cross-gender pat-down searches, nor did the training lesson plans identify how staff are trained to conduct searches of transgender and intersex inmates. The facility training officer keeps detailed records of staff training, in a very organized fashion, and I was able to ascertain that all staff completed their required training, but, because the topic is not covered in the training lesson plans submitted, there is no proof that security staff, at this facility, are trained on how to perform cross-gender pat-down searches, or searches of transgender and intersex inmates in a respectful and professional manner. Admittedly, there are no female inmates housed at this facility, so no cross-gender searches of female inmates will take place, but there may be transgender and intersex inmates housed here and there is no proof of training on how to pat search such prisoners. Interestingly, random staff, in interviews, identified that they had been trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner, but the facility offered no proof of that training.

Corrective Action Plan: The facility should provide evidence that this training is taught, to all security staff, at the State Correctional Academy, or should revise its Prisoner Search training curriculum to include instructions on how to conduct cross-gender searches, and searches of transgender and intersex inmates in a professional and respectful manner, and provide a copy to me during the corrective action period.

Corrective Action Completed: Facility PREA Compliance Manager submitted a revised training outline that demonstrates that a video, made available by the PREA Resource Center, that demonstrates the proper way to perform pat searches of transgender and intersex inmates, is included in Facility training of custody staff. Agency PREA Coordinator explained that the video has been a part of the training, for some time, but that it was not previously noted on the training curriculum. Facility now meets this portion of the standard because they are now

documenting this training.

During the site review, auditors noted that the Officers' Desk, on wings A & D of Housing Unit #1, allowed staff a view into the shower. Staff were asked to reposition the desk and they did so immediately.

Auditors also noted that an inmate bathroom, in the Industries laundry, has no door and offers a clear view, for any staff walking by, into the bathroom. The urinals are situated such that staff walking by have a side view of the individuals using them, and stalls toward the back of the bathroom, which are clearly visible to staff walking by, are also completely open, and inmates using them can be clearly viewed. Thus, the facility does not meet the (d)-1 portion of this standard.

Corrective Action: Facility should install a partial door, or curtain, at the entrance to the bathroom, in the Industries laundry, so that inmates are afforded the opportunity to perform bodily functions without being viewed by non-medical staff of the opposite gender. An alternative would be to provide portable stall doors that can be used by inmates when using the urinals or toilet stalls. Photos of the completed corrective action should be forwarded to me during the corrective action period.

Corrective Action Completed: Facility metal shop constructed stall walls, and portable stall doors, that allow inmates to use the toilet without being observed by others who are in the bathroom at the same time, or by individuals walking past the bathroom. The Facility Compliance Manager provided photos that clearly showed how the newly constructed walls, and doors, afford inmates privacy while still allowing staff the opportunity to adequately manage the offender population in the area. The Facility really did an excellent job of getting these changes made. This standard is now compliant.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <p>DCD#: 200-1 Inmate Rights  Executive Directive Number: OEO.020.0032 Limited English Proficiency (LEP) Policy ISpeakCards2004  Maryland DPSCS Office of Equal Opportunity, Limited English Proficiency Program Implementation Guide  Executive Directive Number: OSPS.050.0030 Sexual Misconduct  Maryland DPSCS Statewide Language Interpretation Services Notification Translation Services Flier  Copy of Stateside Foreign Language Interpretation and Translation Services Overview of Contract's Services  Maryland DPSCS Office of Equal Opportunity Limited English Proficiency (LEP) Plan Spanish PREA Brochure  Maryland Police and Correctional Training commissions Special Management Issues In Corrections Lesson Plan  Executive Directive Number: OSPS.050.0030 Sexual Misconduct</p> <p>Interviews:</p> <p>Random Staff  Facility PREA Compliance Manager  LEP Prisoner</p> <p>On-site Review</p> <p>(a)-1  DCD.200.0001 provides for equal access, for all inmates, to all programs, services and activities, without regard to race, religion, national origin, sex, disability, or political beliefs, and holds Wardens responsible for reporting all violations of this provision promptly to the Commissioner. In addition, DPDS.180.0005 establishes procedures for orientation of inmates with language, literacy or hearing limitations. The facility also provided a training lesson plan used to train staff on how to work with inmates with various types of disabilities.</p> <p>(b)-1  The Agency contracts with Telephonic Language Interpretation, Language Line Services, and Ad Astra, Inc. for interpretation services for LEP inmates. A contract with Ad Astra was presented as documentation and a flier from the service was presented as well. The agencies provide services for a number of languages. The Department uses I Speak cards to determine what language translation services are needed. The cards show written communication, in a variety of languages, and a non-English speaking inmate can identify what specific language translation services he needs.</p>

(a)-1, (b)-1

During the site review, auditors noted that posters in both English and Spanish were readily available throughout the facility. Auditors were also able to view a video, containing PREA information, that is broadcast to inmates in both Spanish and English. Attending an inmate orientation session revealed that staff conducting the orientation provide written materials, in both Spanish and English, and also read the PREA related material to inmates, and ask them questions designed to help them determine the inmate's comprehension of the material that was presented.

©-1, 2, 3

Executive Directive Number OSPS.050.0030 prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistance to communicate information to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. The facility has not used inmate interpreters, inmate readers, or other types of inmate assistance, to communicate information to other inmates, in the past 12 months. Interviews with limited English proficient inmates indicated that they had been given materials written in Spanish and were aware of the interpreters that would be made available to them if they needed them. Interviews with random staff revealed that they know not to use inmate interpreters unless delaying a response, to a sexual assault incident long enough to provide translation services, would have deleterious effects.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <p>Secretary's Directive Number: DPSCS.020.0026 PREA Compliance  Code of Maryland 17.04.03.10 Employment Background Checks  Code of Maryland 12.10.01.05 Correctional Training commission  Maryland Public Information Act Manual  Hiring Guidelines for the Position of Correctional Officer  Letter from Department of Budget and Management  DBM, DPSCS, JOBAPS Job Application Form  Maryland DPSCS Personal Interview form -- Correctional Applicant  DPSCS PREA Interview-Hire Process  Executive Directive Number: ADM.050.0041 Criminal History Records Check - Non-Mandated Employees  File Reviews</p> <p>Interviews:</p> <p>Agency Human Resources Director</p> <p>(a)-1  DPSCS.020.0026 states that the Human Resources Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring, or promotion of, anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who:</p> <ol style="list-style-type: none"> <li>(1) Engaged in sexual abuse in a prison, jail, lockup, or community confinement facility, juvenile facility, or other institution,</li> <li>(2) Was convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or</li> <li>(3) Was civilly or administratively adjudicated to have engaged in the activity described above.</li> </ol> <p>(b)-1, (d)-1, 2  The policy goes on to say that the HRSD shall consider incidents of sexual harassment, when determining whether to hire or promote an employee, or contract with a service provider, if the individual may have contact with an inmate. Section 5F3, identifies that, before hiring a new employee to perform duties involving contact with an inmate, the HRSD shall,</p> <ol style="list-style-type: none"> <li>(1) conduct a criminal background records check and,</li> <li>(2) consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</li> </ol> <p>©-1, (e)-1, (f)  The Directive also calls for the agency to:</p>

(1) conduct a criminal background records check of a contractor's employees, who may have contact with an inmate, before enlisting a contractor to perform services,  
(2) perform criminal records background checks, every five years, on employees and on a contractor's services provider who many have contact with inmates,  
(3) inquire of each applicant, and current employees who may have contact with inmates, directly about previous misconduct in written applications for employment or promotion, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Facility reports the number of new hires, in the last 12 months, as zero.

(g)-1

The Directive also states that a material omission, regarding conduct described in this directive or providing materially false information, shall be grounds for termination of employment.

(h)

DPSCS Hire Interview Process instructs HR staff that if a candidate says, or if it is discovered during the interview process, that a candidate has been formerly employed by any law enforcement or correctional agency, the Human Resources Manager will contact and/or review all personnel files, and disciplinary files associated with the previous employer, and will document the information on an agency Reference/Employment Verification Form. The Maryland Public Information Act specifies that the Maryland DPSCS is required, by law, to provide information on substantiated allegations of sexual abuse or sexual harassment, involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work.

An interview was conducted with Human Resources Director, Holly Winchester, who confirmed that criminal background checks are done for persons seeking employment that would put them in contact with inmates, and for contractors who might have contact with inmates, as well as for current employees seeking promotional opportunities, again, that put them in contact with inmates. The facility uses the METERS CJIS-Criminal Justice Information Systems method for performing criminal background checks and personnel files were reviewed to ascertain that the appropriate interview process is followed and required background checks are performed.

As documentation, Ms. Winchester provided a copy of the DPSCS Interview/Hiring Process to demonstrate that all applicants who report for an interview must read and complete the PREA Interview Questions for Non-mandated Positions, Mandated Positions, and Promotional and Transfer Candidates. The instructions say that if the facility is considering an applicant who answered "yes" to one or more of the PREA questions, or if, during the course of the background investigation it is discovered that the applicant was involved in any sexually related incident(s), the hiring facility must obtain and submit all information pertaining to the incident(s) to the DPSCS Attorney General's Office for their review and recommendation. The document also says that once an offer of employment has been made, an intended new hire will be assigned to an orientation where they will be instructed to read and complete the, "PREA Time of Hire/Orientation," form, and if they answer affirmatively to any of the questions, the job offer will be rescinded.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation: Architectural Firm Communication - YDC Design Guidelines</p> <p>Interview: Agency Head</p> <p>(a)-1 The agency has acquired a new facility during the audit period, specifically, a new youth detention center located in the city of Baltimore. Presented as evidence that the agency did consider the effect of the design upon their ability to protect inmates from sexual abuse was a signed statement, from the architectural firm, affirming that: "The facility was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115.</p> <p>Specifically, the facility incorporates best practices:</p> <ul style="list-style-type: none"> <li>• sight and sound separation;</li> <li>• design which minimizes blind spots, and maximizes direct supervision;</li> <li>• all housing units incorporate direct supervision;</li> <li>• access to recreation;</li> <li>• access to education</li> <li>• classrooms are designed with glazing to the corridor to allow for full visibility into classroom;</li> <li>• correctional officers continually patrol education corridors during school hours;</li> <li>• separation of male and female housing;</li> <li>• all cells are single occupancy – no double celling;</li> <li>• glazed doors and walls where visibility and control is critical;</li> <li>• shower stalls have partial height partitions to permit visual supervision without violating privacy;</li> <li>• access to proper safe and behavior management cells;</li> <li>• strategically located supervision control and nursing stations;</li> <li>• provision of normalized environment through effective and extensive daylighting and proper material and color choices.</li> </ul> <p>The statement also affirms that:</p> <ul style="list-style-type: none"> <li>• The facility incorporates full building video surveillance with cameras fully covering all youth occupied areas to eliminate blind spots and maximize direct supervision,</li> <li>• discreet duress alarms are provided within all education classrooms spaces,</li> <li>• panic alarm systems are provided within all offices and counseling spaces potentially occupied by youth,</li> <li>• master control incorporates full 24/7 monitoring of every camera through the facility,</li> <li>• any space, such as janitor closets, and other non- occupied support spaces, that do not have</li> </ul>

video surveillance, incorporates ½ door glazed visibility into these spaces.

(b)-1

This facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

In an interview, the agency head said, "what we always try to do is eliminate blind spots and use electronic monitoring for better vision of prisoners, to better protect prisoners. Whenever we add, or update, we always consider how that technology will protect our inmates from sexual abuse."

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <p data-bbox="252 371 1094 405">Executive Directive Number: OSPS.050.0003 Sexual Misconduct</p> <p data-bbox="252 416 794 450">Executive Directive Number: IIU.110.0011</p> <p data-bbox="252 461 1442 495">A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"</p> <p data-bbox="252 506 1034 539">Executive Directive Number: OSPS.200.0004 Inmate Sexual</p> <p data-bbox="252 551 432 584">MOU MCASA</p> <p data-bbox="252 629 395 663">Interviews:</p> <p data-bbox="252 674 624 707">Assistant Director of Nursing</p> <p data-bbox="252 719 823 752">SANE/SAFE Staff of Meritus Medical Center</p> <p data-bbox="252 763 464 797">MCASA Director</p> <p data-bbox="252 808 715 842">Facility PREA Compliance Manager</p> <p data-bbox="252 976 608 1010">(a)-1, (a)-2, (a)-3, (a)-4, (g)</p> <p data-bbox="252 1021 1458 1301">The State of Maryland has an investigative agency that falls under the same umbrella as the DPSCS, the Intelligence and Investigative Division, or IID, and serves all State agencies. All allegations of sexual abuse or sexual harassment are investigated by the IID. IID is staffed with sworn officers who conduct agency investigations in both administrative and criminal matters. Executive Directive OSPS.050.0003 Sexual Misconduct - Prohibited requires that all allegations of sexual misconduct are to be immediately referred to the Intelligence and Investigative Division (IID).</p> <p data-bbox="252 1357 400 1391">(b)-2, (b)-2</p> <p data-bbox="252 1402 1474 1771">Executive Directive Number: IIU.110.0011 says that the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct, involving a sex related offense, according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. The protocol used was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. A copy of the protocol was submitted as documentation.</p> <p data-bbox="252 1827 826 1861">©-1, ©-2, ©-4, ©-5, ©-6, ©-7, ©-8, ©-9, ©-10</p> <p data-bbox="252 1872 1474 2152">Executive Directive IIU.110.0011 requires investigators, assigned to investigate an incident involving a sex related offense, to coordinate with Department facility staff to arrange for the victim to undergo a forensic medical examination, when the possibility for recovery of physical evidence exists, or when otherwise medically appropriate, and that the exam is to be performed by a SAFE, a SANE or, if documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Executive Directive OSPS.200.0004</p>

identifies that such services will be at no cost to the victim. The facility does not conduct forensic examinations onsite. The facility reports that two forensic exams, performed by SANE/SAFE staff were conducted during the past 12 months.

©-3

The Assistant Director of Nursing verified, in an interview, that forensic examinations are not conducted at the facility but are available at the Meritus Medical Center, in Hagerstown, and a phone call to the Medical Center verified that SANE/SAFE examinations are available there and they will provide them to inmates when needed.

(d)-1, (d)-2,

Executive Directive IIU.110.0011 also requires the assigned investigator to, at the victim's request, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim, to provide support for the victim through the medical forensics examination and investigatory interviews. The Facility has a contract with MCASA, an organization that arranges with local agencies to provide services. A copy of the MOU with MCASA was provided and the agencies available through that organization are identified, and contact information is provided, in inmate intake materials, at inmate orientation, on bulletin boards in the housing units and in the facility Library. I called Washington CASA, Inc., in Hagerstown, Maryland, and spoke with Vicki, the Director, who verified that this organization will provide advocacy services for inmate victims through the medical forensic examination, and investigatory interviews, if they are requested.

(d)-3, (e)-1

Executive Directive OSPS.050.0030 outlines that, if and when a rape crisis center is not available to provide victim advocate services, and if requested by the victim and the services are reasonably available, the assigned investigator will have a qualified victim advocate, a Department employee who is not involved in the incident and is educated and trained concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role, accompany, for the purpose of support, the victim through the forensic examination and investigative interviews. Facility Social Work staff are screened for appropriateness to serve in this role and they have received education concerning sexual assault and forensic examination issues in general. Copies of certificates of completion of the appropriate training were submitted as documentation as well as copies of staff Social Work Licenses. In an interview, the Facility PREA Compliance Manager said, "We have a Social Worker who can do this, but I don't think she has had a request in a long time."

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 280"><b>Auditor Discussion</b></p> <p data-bbox="252 329 459 360">Documentation:</p> <p data-bbox="252 371 1193 403">Executive Directive Number: OSPS.200.0004 Inmate Sexual Misconduct</p> <p data-bbox="252 414 1264 445">Executive Directive Number: IIU.110.0011 Investigating Sex Related Offenses</p> <p data-bbox="252 456 485 488">Investigative Files</p> <p data-bbox="252 584 392 616">Interviews:</p> <p data-bbox="252 627 533 658">Facility Head/Warden</p> <p data-bbox="252 669 450 701">IID Investigator</p> <p data-bbox="252 757 638 788">(a)-1, (a)-2, (a)-3, (a)-4, (a)-5</p> <p data-bbox="252 799 1461 1391">Executive Directive IIU.110.0011, in Section 3A, says, “the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices . . .” Directive OSPS.050.0030 says that the head of a unit, or a designee, is responsible for ensuring that any allegation of sexual misconduct is reported, investigated and resolved according to established procedures. The Directive holds employees responsible for reporting allegations by saying, “ an employee receiving a complaint of, or otherwise has knowledge of alleged sexual misconduct, shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit”, and holds supervisors, managers, shift commanders, and heads of units responsible for ensuring that all allegations are referred to IID. The facility reported that in the last 12 months, seven allegations of sexual abuse and sexual harassment were received, all seven were administratively investigated and none were referred for criminal investigation. Of the seven investigations, five were closed as unsubstantiated and two remain on going.</p> <p data-bbox="252 1442 1474 1688">When the Warden was asked, in an interview, if all allegations of sexual abuse and sexual harassment are reported directly to facility investigators, she responded, "Absolutely! IIU decides whether to investigate or kick it back to us. We normally do the harassment and they do the sexual abuse unless if it's an officer whose name keeps coming up. In that case, they will keep a sexual harassment investigation. We don't want to be covering a homeboy. I would kick something like that back to IIU for investigation."</p> <p data-bbox="252 1740 383 1771">(b)-1, 2, 3</p> <p data-bbox="252 1783 1484 2029">The Agency has its own investigative agency, IID, which has sworn police officers who conduct criminal investigations. Executive Directive IIU.110.0011 identifies that all allegations are documented by the agency and are “promptly, thoroughly, and objectively,” investigated, and this policy is published on the Department’s website. An IID Investigator, in an interview, said, "I document everything, a summary of the allegation, all relatable evidence, all interviews, statements, and summary of findings, everything, in every investigation."</p>

115.31	<b>Employee training</b>
	<p data-bbox="252 170 927 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 459 360">Documentation:</p> <p data-bbox="252 371 719 405">Executive Directive OSPA.050.0030</p> <p data-bbox="252 416 719 450">Executive Directive OSPA.200.0004</p> <p data-bbox="252 461 1437 528">Code of Maryland Regulations (COMAR), Title 12, D{SCS, subtitle 10 Correctional Training Commission</p> <p data-bbox="252 539 568 573">Employee Training Files</p> <p data-bbox="252 629 392 663">Interviews:</p> <p data-bbox="252 674 432 707">Random Staff</p> <p data-bbox="252 719 456 752">Training Officer</p> <p data-bbox="252 797 496 831">(a)-1 – 10, (c)-2, 3</p> <p data-bbox="252 842 1469 954">Executive Directive OSPA.050.0030 says that the head of a unit, or a designee, responsible for the custody and security of an inmate, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct.</p> <p data-bbox="252 965 1469 1391">Executive Directive OSPA.200.0004, in Section 5 B, says that the head of a unit, or designee, is responsible for ensuring that each supervisor, manager, shift commander and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct. Paragraph C of the same section requires that each employee attend approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct. DPDS.030.0001 identifies that full-time staff will be trained prior to beginning their employment and in each subsequent year of employment. Code of Maryland Regulations (COMAR0, Title 12, D{SCS, subtitle 10 Correctional Training Commission, requires that each employee complete 18 hours of Commission approved employee in-service training by December 31st of each calendar year.</p> <p data-bbox="252 1447 1453 1514">A Correctional In-Service Training Lesson Plan revealed that the training staff receive yearly updates on:</p> <ol data-bbox="252 1525 1469 2119" style="list-style-type: none"> <li>(1) The agency’s zero-tolerance policy for sexual abuse and sexual harassment,</li> <li>(2) How to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures,</li> <li>(3) The right of inmates to be free from sexual abuse and sexual harassment,</li> <li>(4) The rights of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment,</li> <li>(5) The dynamics of sexual abuse and sexual harassment in confinement,</li> <li>(6) The common reactions of sexual abuse and sexual harassment victims,</li> <li>(7) How to detect and respond to signs of threatened and actual sexual abuse,</li> <li>(8) How to avoid inappropriate relationships with inmates,</li> <li>(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates,</li> <li>(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol>

(b)-1, 2

The training that all staff completed covers information pertinent to working with both genders and all employees complete the same training. Employees who are reassigned from facilities housing the opposite gender are not given additional training because all staff are trained regularly on working with both genders.

(d)-1

A quiz is administered, at the end of the training that documents employees' understanding of the material covered. Employees scoring less than 75% accuracy on the quiz are required to complete the training again. Employees signatures are required as verification that they received and understood the training. I visited the Training Department and reviewed files of staff training. The Training Officer keeps detailed records in a very organized fashion. He was able to provide many samples of appropriate, and timely, staff training with the test scores available to demonstrate understanding of the training and the appropriate signatures of staff that were trained. I selected a large number of employee training files, at random, and noted that all the files were extremely well organized, were organized identically with all training documentation in the same order in the files, and with the employees' quiz, with the signature, stapled to the first page to be able to identify, at a glance, that all employees had completed the training and that a signature had been obtained from each employee trained to verify that they completed, and understood, the training.

Interviews with staff demonstrated that they were knowledgeable, and well trained, regarding PREA standards and the agency's zero tolerance policy regarding sexual abuse and sexual harassment. Staff knew what their responsibilities were regarding immediate reporting of all allegations or suspicions of abuse or harassment.

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Exceeds Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.050.0030 Sexual Misconduct

DPSCS Volunteer Program Administrative Manual

Executive Directive ADM.170.0002 "Volunteer, Intern and Contractor Contact and Personal Information

Medical and Mental Health Training Records

Sexual Assault Prevention and Reporting, Staff Information Brochure

Interviews:

Volunteers

Contracted Staff

(a)-1, 2, (b)-1, 2, (c)-1

Executive Directive OSPS.050.0030 mandates that each employee attend approved training related to preventing, detecting, and responding to acts of sexual misconduct. The directive defines "Employee" as, "an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position, regardless of job title or classification, which includes contractors, interns, volunteers. . ." The directive also holds the head of a unit responsible for ensuring that each supervisor, manager, shift commander, and contractor who has contact with an inmate, under the authority of the head of the unit, is familiar with Department policy prohibiting sexual misconduct. The facility reports that there are currently 371 volunteers and contractors, who may have contact with inmates, who have been trained in agency policy and procedures regarding sexual harassment and sexual abuse prevention, detection, and response. Each volunteer/contractor signs a PREA acknowledgment form indicating they have received training on the agency's zero tolerance policy on sexual abuse and sexual harassment. Training records for these volunteers/contractors are maintained at the Facility and were reviewed during the audit. Like other training records at the facility, they were extremely well organized and verification that all volunteers received, and understood, the proper training, were immediately provided and were very easy to navigate through.

The Facility provided a copy of the brochure titled "Sexual Assault Prevention and Reporting, Staff Information Brochure" that is provided to all volunteers and contractors that outlines their requirements and knowledge they need to manage PREA issues as they arise. The department also provided a copy of the DPSCS Volunteer Program Administrative Manual which outlines the training required for all volunteers prior to beginning any assignment within the MDPSCS. Executive Directive ADM.170.0002 "Volunteer, Intern and Contractor Contact and Personal Information" establishes policy and responsibilities for a DPSCS volunteer, intern and contractor to ensure that contact and personal information on file with the department is accurate.

(b)-1, 2, (c)-1

Medical and Mental Health staff at the facility are full-time contractual staff. Training records,

provided by the facility, confirmed that these staff have completed the appropriate PREA related training. Medical and Mental Health staff interviewed all indicated they complete computer based PREA training annually and submit their documentation directly to their employer, Wexford Health. The Director of Nursing was interviewed, and she reported that her employer, Wexford Health, provides PREA training to all their employees, and the facility provides both pre-employment training and yearly updates as well. She was also able to provide access to training files of contracted staff so that auditors could verify the training completions.

Other contracted staff, at the facility, includes Keefe staff and Dental staff. Proof of their appropriate training was also provided. A Keefe contractor said, in an interview, “the trainer went over PREA with us, and what our responsibilities are, and had information pamphlets for us to review and had us sign to verify that we understood everything. He also discussed reporting avenues and every staff’s responsibility to report to any staff. He talked about how to avoid getting in trouble, how to avoid inappropriate relationships with prisoners.” Volunteers who were interviewed also verified that they were properly trained. One said, “we had a session specifically dealing with the sexual issues. We’re supposed to report anything we see or even suspect. If an inmate acts differently we might suspect something is wrong and we are supposed to report. We can go to any staff person, but I would go to the Volunteer Coordinator with suspicions. Anything I saw, or if an inmate told me, I would immediately report to the CO.”

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Appendix 1 to MCIH.ID.020.0026.1

PREA Brochure

Prison Rape Elimination At. Doc

Executive Directive Number: OSPS.200.0004

Inmate Handbook Receipt

Inmate Handbook

MCI-H PREA Intake Screening List

Executive Directive Number OSPS.200.0004 Inmate Sexual Conduct

Inmate Orientation Materials - Spanish

Onsite Review of:

Prisoner Orientation Materials

Posters

Signs

Video

Interviews:

Intake Officer

Traffic Officer

Random Inmates

LEP Inmate

Prisoner Orientation Staff

a)-1, 2, (e)-1

During the Audit, I observed the Intake area and interviewed the Intake Officer. Because the population of this facility was, during the audit period, reduced by more than half, transfers of inmates into the facility do not happen regularly and I was unable to attend Intake when inmates were present. I did observe the materials, that are presented during Intake, and saw that inmates do receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates are asked to sign for receipt of these materials and the facility indicates that all inmates admitted to the facility, in the last 12 months, were given these materials at Intake. In addition, all random inmates interviewed, except for one who has been at the facility for eight years and did not have a clear memory of Intake, verified that they had received the information at Intake.

(b)-1, (c)-1, 4

The facility reports that 97.3% of all inmates admitted to the facility, in the last 12 months, were, within 30 days of intake, provided comprehensive education on their right to be free from both sexual abuse and sexual harassment, and retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents. One inmate transferred before having been at the facility for seven days, 13 were transferred prior to having been there for 30 days, and one was out to court. I did attend Orientation and confirmed that inmates are educated on their right to be free from sexual abuse and sexual

harassment, and retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents.

(d)-1, 2, 4, 5

Printed materials are available in both English and Spanish and staff presenting the information also read it aloud and took precautions to ensure that all inmates present were able to read either the English or Spanish materials they had available. They also asked pertinent questions designed to ascertain that all inmates present understood the information they had been given. Agency policies outlining that PREA information must be included in Inmate Orientation apply to all Maryland DPSCS facilities.

A LEP inmate said, in an interview, that information about sexual abuse and sexual harassment is provided to him in Spanish, that the facility does provide translation services and assistance with explaining information about his rights in the facility, and that he is able to read, and understand, the information regarding the agency's zero-tolerance policy and what his rights are. I observed that all Inmate Orientation materials are printed in both English and Spanish, and that the facility has translation services available in a variety of other languages.

(d)-2, 3

Printed materials are available for deaf inmates and the facility is not equipped for, and does not house, inmates who are visually impaired. At the end of the Orientation session, all inmates in attendance were asked to sign an Orientation Acknowledgement form indicating that they had been provided the appropriate information. These signed forms are stored in the inmates' base files which I was also able to review.

(f)-1

In addition to providing such education, the facility ensures that key information is continuously and readily available, or visible to inmates through posters in housing units, health care, the library, and various other places throughout the facility, and by broadcasting a video with the information on the facility TV channel. It was noted, during the site review, that one housing unit did not have an audit notice posting. When questioned, staff there said that they had posted the information, but inmates tore it down.

## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.005.0030

Executive Directive OSPS.200.0004

PREA Specialized Training Plan

IID Training Records

Interviews:

IID Investigators (2)

(a)-1, (b)

Executive Directive OSPS.005.0030 says that in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. OSPS.200.0004 contains the same language. The facility provided a lesson plan for the specialized training required by these policies to demonstrate their compliance with the standard. A review of the lesson plan indicates that it is designed to train investigators in conducting sexual abuse investigations in confinement settings and does contain all required information.

©-1,2, (d)

The facility indicated that all 30 IID investigators employed by the Maryland DPSCS have been properly trained and provided a printout from the Department's computerized database that demonstrated that all 30 IID investigators completed this specific training. The printout documents the date the training was completed and each individual's score on the training. IID is a State of Maryland agency that serves all other State agencies in addition to the Department of Corrections.

## 115.35 Specialized training: Medical and mental health care

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive DPSCS.002.0026

Medical and Mental Health Training Lesson Plans

Training Requirements of Contracted Health Care Provider

Training Records of Medical and Mental Health Care Staff

Interview:

Director of Nursing

(a)-1 (d)

Executive Directive DPSCS.002.0026 identifies the Agency PREA Coordinator as being responsible for ensuring that all medical and mental health staff receive the appropriate PREA training that is provided to all employees, contractors, and volunteers. The Facility submitted a training lesson plan that demonstrated that all medical and mental health staff are trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations, or suspicions, of sexual abuse and sexual harassment. Also submitted were training requirements of the contracted health care provider, Wexford Health, and an outline from the PREA training conducted by Wexford Health for all new employees. The Facility submitted a Departmental database printout as documentation of the completion of the contracted health care provider's required training.

(a)-2, 3

In an interview, the Director of Nursing said that, as a medical health provider, she is required to attend PREA training conducted by both the Maryland DPSCS and by her employer, Wexford Health. The Facility indicates that 53 staff, comprising 100% of medical and mental health staff, has received the training required by agency policy in the last 12 months.

(b)-1

Medical staff at this facility does not conduct forensic exams.

©-1

Training records for Medical and Mental Health care staff are maintained at the Facility and were reviewed during the audit. Like other training records at the facility, they were extremely well organized and verification that all medical and mental health care staff completed, and understood, the proper training, were immediately provided and were very easy to navigate through.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Exceeds Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.200.0005 Assessment for Risk of Sexual Victimization and Abuse  
Agency PREA Intake Screening instrument  
Screening Instrument - Spanish  
Screening Instru  
Completed PREA Intake Screenings

Interviews:

Random Inmates (35)  
LGBTI Inmates (2)  
LEP Inmate  
Intake Staff  
Traffic Staff

(a)-1, (b)-1, 2

Executive Directive OSPS.200.0005 Assessment for Risk of Sexual Victimization and Abuse requires that screening of inmates for risk of sexual victimization or sexual abusiveness toward others be completed upon admission and transfer, and that it be completed within 72 hours of arrival at the facility. The facility reports that 482 inmates entered the facility, in that past 12 months, stayed longer than 72 hours, and were screened for risk of being sexually abused or for risk of sexually abusing of others.

©, (d), (e)

MCI-H screens inmates during the intake process where Intake staff use a PREA Intake Screening instrument that takes into account the inmate's age and physical build, the presence of any mental, physical or developmental disabilities, any previous incarcerations, criminal history and prior offenses, if the inmate is perceived to be gay or transgender, any history of prior sexual victimization, the inmate's perception of his own vulnerability, and whether the inmate is incarcerated solely for civil immigration purposes. The screening instrument also takes into account any prior acts of sexual abuse and criminal history of sexual and violent offenses. Thirty-six PREA Intake Screenings were reviewed, from random weeks, with a time frame ranging from January, 2017 until the day of the audit. All of the screens were completed immediately upon arrival at the facility, during the Intake process.

(f)-1, 2

Executive Directive OSPS.200.0005 also requires facilities to reassess inmates' risk of victimization or abusiveness within 30 days of arrival. The facility reports that 482 inmates, 100 percent of all inmates entering the facility, in the past 12 months, who stayed 30 days, were reassessed within 30 days. All 36 PREA Intake Screenings showed that all inmates were properly reassessed within 30 days.

(g)-1

The same policy requires that all inmates' risk level be reassessed when warranted due to a

referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness and stipulates that inmates will not be disciplined for refusing to answer, or not disclosing complete information, in response to screening items.

Thirty-five inmates were interviewed, 22 random, three who identify as gay, three limited English proficient inmates, four who reported a sexual abuse, two who disclosed prior sexual victimization and one who was placed in segregated housing. All prisoners interviewed stated they were asked the questions listed on the screening instrument, that they were not forced to answer the questions, and that they were not punished for not answering.

An Intake Staff was also interviewed who verified that he screens all incoming inmates within one hour of their arrival at the facility, before they get their housing assignment. In the interview, he said, "If they score high on the predator scale, I will not let them out of here without notifying someone. Traffic knows, before they get here, what their housing assignments will be, but when I get ones with either high risk of victimization or of being a victimizer, I contact Traffic just to ensure that they saw the same thing I did, and they check their housing assignment a second time to make sure it's right."

(h)-1

He went on to say, "sometimes they don't want to answer and I just write, 'refused to answer,' on the form. I never issue misconduct for not answering because that's their right. They don't have to answer. They have a right to refuse to answer any of the questions." He also identified that the 30 day reassessments are completed by Case Management staff.

(i)

Executive Directive Number OSPS.200.0005 also requires appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited, to the inmate's detriment, by staff or other inmates. At the facility, this information is kept in prisoners' base files which are housed in the Record Office, not on the Housing Units, to control who has access to the information and to ensure that only those with a need to know have access to the information.

Auditors felt that Intake Staff's practice of employing additional checks on the risk assessment scores, and alerting Traffic to make additional checks on housing assignments every time an inmate scores as a high risk of being either sexually victimized or sexually abusive, was evidence of exceeding this standard.

## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.200.0005

Interviews:

Agency PREA Coordinator

Traffic Staff

Case Management Staff

Facility PREA Compliance Manager

(a)-1, (b)-1

The facility uses all information provided from screening to determine housing assignments of all inmates. MCI-H has a Traffic Officer who reviews, and submits for final approval, all cell assignment moves, to ensure safety of each inmate. In an interview, the Traffic Officer stated that he reviews all screening information before making housing assignments. After a move is reviewed by the traffic officer, it goes to the Case Management Supervisor for final review, and that person also reviews screening information to ensure safety of all inmates. The Traffic Officer is the only person at the facility who can finalize a move, ensuring that no one else moves a prisoner without considering screening information and inmate safety. It appears that staff take great care in making housing assignments and that they do make individualized determinations about how to ensure the safety of each inmate, with respect to housing assignments.

©-1, (d), (e)

There have been no identified transgender or intersex inmates at MCI-H to date. However, interviews with the facility PREA Compliance manager, Traffic Officer and random staff showed that they understand the need to use all information to determine the safety of all transgender and intersex inmates on a case-by-case basis, that agency policy does require that transgender and intersex inmates be given the opportunity to shower separately from other inmates, and that LGBTI inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status. OSPS.200.0005 requires that placement and programming assignments for each transgender or intersex inmate be reassessed, at least twice each year, to review threats to safety of the inmate, and that a transgender or intersex inmate's own views, with respect to personal safety, shall be seriously considered.

(a)-1

In an interview, the PREA Coordinator said that MCI-H does not use screening information for inmate placement in work assignments, even though OSPS.200.0005 requires them to. The Facility PREA Compliance Manager also identified, during the site review, that the facility does not use screening information in making work assignments, when auditors, while observing the prison industries areas, expressed their concerns about blind spots, minimal supervision,

and the cameras in the Metal I and Metal II shops not being visible anywhere but in the shops. Facility staff were unable to demonstrate that risk assessment scores of inmates working in the shops had been taken into consideration when their work assignments were made, and in fact, said that they were not. Therefore, auditors feel the facility does not meet the standard.

**Corrective Action Plan:** The facility should reassess inmate jobs, with special care given to the prison industry areas, and determine which ones, by nature of the work, work setting, or staff to inmate ratio, may put inmates at risk of being sexually victimized while at work. Further, they should also reassess the inmate work assignments and make adjustments where inmates may be vulnerable due to work setting, i.e., blind spots, staff to prisoner ratio, and availability of video monitoring. The facility should provide proof of these reassessments, and potential reassignments, to me during the corrective action period.

**Corrective Action Completed:** The Facility PREA Compliance Manager provided a revised Facility Directive that informs staff that Case Managers are required to make case notes in OCMS to acknowledge that PREA scores are considered while reviewing job assignments. She provided samples of Case Notes, made by Case Managers, that discussed job assignments and how information from PREA screenings is now being appropriately used in making those job assignments. She also provided documentation demonstrating that PREA screenings of inmates currently assigned to the Industries Laundry have been reviewed and all of the inmates are properly assigned. Facility PREA Compliance Manager did an excellent job correcting this oversight, relaying information about the requirement to staff, and ensuring that current assignments have been reviewed and are appropriate.

## 115.43 Protective Custody

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Manual DOC.100.0002 Case Management

Interviews:

Warden

Random Staff

Staff Who Supervise Inmates in Segregation

(a)-1, (a)-2, (b)

The Maryland DPSCS follows Manual DOC.100.0002 Case Management for protective custody. Section E of the Manual outlines that every effort shall be made by case management staff to find suitable alternatives to placing inmates at high risk of sexual victimization in Segregated housing . The paragraph also outlines alternative options. MCI-H states they have not placed any inmates in involuntary segregation for protection from sexual abuse.

In an interview, the Warden said, "Mostly we want to keep them off SEG if we can. You want to deal with the perpetrator, but you do what you can in an urgent situation. We have housing codes that we use where we keep predators away from potential victims. But, we handle everything on a case by case basis. I am the warden at two facilities, so that helps facilitate that. And we have Protective Custody here too so we can use that as well." The Warden also identified that inmates in Protective Custody are allowed access to programs, privileges, education and work opportunities to the extent possible and that any participation, or inability to participate would be documented.

©-1, (d)-1

Interviews with random staff, and staff who work in segregation, verified that the facility has not placed any inmates in involuntary Segregation for protection.

(e)-1

Case Management DOC.100.0002 also states in detail the process of reviewing the case file of a prisoner in administrative segregation to be reviewed a least once every 30 days.

Facility meets the standard.

## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.200.0004 Inmate Sexual Conduct

Executive Directive Number: OSPS.050.0030 Sexual Misconduct

Inmate Handbook

Posters

Interviews:

Random Inmates (33)

Random Staff

On-site review

a)-1

MCI-H provides multiple internal ways for prisoners to privately report sexual abuse or harassment, retaliation for reporting sexual abuse or harassment, and staff neglect of responsibilities that may have contributed to sexual abuse or harassment. Executive Directive Number OSPS.200.0004 Inmate Sexual Conduct holds that complaints of alleged inmate on inmate sexual conduct may be submitted in writing, verbally, and anonymously. Executive Directive Number: OSPS.050.0030 identifies that a complaint may also be made by a third party on behalf of the victim or other individual who has knowledge of the alleged misconduct.

(b)-1

During the site review, auditors noted that the facility had a PREA hotline number painted over every phone, as well as posters with the hotline number on it throughout the facility, and the facility provided a purchase order for the PREA Hotline Service for the State of Maryland's adult facilities. How to use the number was a bit unclear, and the auditor was able to contact the hotline only after several attempts.

Orientation material, specifically the Inmate Handbook, was reviewed and the auditor noted that inmates are provided information on multiple ways to report during Orientation. Thirty-three inmates were interviewed, and all understood they could use the hotline and that it was a private call. Most of the inmates understood they could use a third party such as a family or friend to report, and also knew that they could go to a corrections officer if they needed to report. The Inmate Handbook identifies, on page 40, informs inmates that they can report an incident of sexual misconduct to any staff, in person or in writing, and informs them that staff is instructed to keep the reported information confidential and only discuss it with the appropriate officials on a need-to-know basis. Postings in Housing Units, Health Care, the Library, and various other places around the facility, also provide a hotline number that inmates can call. All the inmates interviewed said they felt the facility has done a good job informing them and giving them ways to report sexual abuse and harassment.

(b)-2

The facility reports that the agency does not detain inmates solely for civil immigration

purposes.

©-1

Executive Directive Number OSPS.200.0004 Inmate Sexual Conduct holds that complaints of alleged inmate on inmate sexual conduct may be submitted in writing, verbally, and anonymously. Executive Directive Number: OSPS.050.0030 identifies that a complaint may also be made by a third party on behalf of the victim or other individual who has knowledge of the alleged misconduct.

©-2

The same policy requires staff to immediately report, and document, all complaint of sexual misconduct to a supervisor, manager, shift commander, or head of the unit.

(d)-1, 2

OSPS.050.0030 identifies that individuals can file a complaint of sexual misconduct without regard to chain of command or assignment, within the Department, to employees, supervisors, managers, shift commanders, unit heads, IID staff, or the Inmate Grievance Office, as well as to the agencies outside the Department, specifically the Office of the Attorney General or to other private or public offices that are able to receive and immediately forward the complaint of the alleged sexual misconduct to the Department.

## **115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OPS.185.0002 Administrative Remedy Procedure

Interviews:

Agency PREA Coordinator

Facility PREA Compliance Manager

MCI-H is exempt from this standard as the Maryland DPSCS does not use an administrative grievance procedure. OPS.185.0002 Administrative Remedy Procedure (ARP) section .03 paragraph C states "The department does not permit the use of an informal resolution process or ARP to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, inmate on inmate sexual misconduct, or other areas afforded protections by standards established under the authority of the Prison Rape Elimination Act (PREA) and related department procedures.

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.050.0003 Sexual Misconduct

Executive Directive Number: OSPS.200.0004 Inmate Sexual Misconduct

Maryland Coalition Against Sexual Assault (MCASA) Brochure

MCASA MOU

Prisoner Orientation Materials

Interviews:

Random Inmates (22)

Orientation Staff

On-site Review:

Prisoner Orientation Process

(a)-1, 2, 3, 4, (b)-1, 2

MCI-H provides inmates with access to victim advocates for emotional support services related to sexual abuse. Inmates have access to a PREA brochure for the Maryland Coalition Against Sexual Assault (MCASA) which provides contact names, addresses and phone numbers for counseling and legal services. MCH-I and the state of Maryland have a memo of understanding with MCASA to provide these advocate services. The brochure also highlights to what extent communication will be monitored and/or forwarded to authorities. During the random inmate interviews, all prisoner answered that they know there are victim services available, but they don't know where the information is exactly or what kind of services are available. Twenty-two inmates answered that it would probably be in the library because that's where they keep all information about services and programs available to prisoners. It was noted that MCI-H does include the MCASA brochure in their facility orientation materials to help improve inmate education on these services. In addition, staff conducting Orientation draw attention to the brochure and explain the services available to inmates. The facility identifies that it does not hold detainees solely for immigration purposes.

©-1, 2

The agency does maintain an MOU with community service providers. A copy of the MOU with MCASA was provided as documentation.

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.200.0004 Inmate Sexual Misconduct

Executive Directive OSPS.050.0030 Sexual Misconduct

Agency website

On-site Review:

Prisoner Orientation

Postings

(a)-1, 2

MCI-H provides a method to receive third-party reports of inmate sexual abuse or harassment. Executive Directive OSPS.050.0030 Sexual Misconduct - Prohibited and Executive Directive OSPS.200.0004 Inmate on Inmate Sexual Conduct - Prohibited details reports from third party as an accepted way to report sexual abuse and harassment. MCI-H informs inmates, through postings and orientation, that third-party reporting is an option, as well as having posters available in areas such as the lobby and visiting room for the public to view. The Maryland Department of Corrections also publishes the address and phone number to make a PREA compliant on their website.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.200.0004 Inmate Sexual Misconduct

Executive Directive Number: OSPS.050.0030 Sexual Misconduct

P 314 PREA Operations Maryland – Procedure in the Event of Sexual Assault

Interviews:

Random Staff

(a)-1

Maryland Executive Directive OSPS.200.0004 Inmate on Inmate Sexual Misconduct – Prohibited and Executive Directive OSPS.050.0030 Sexual Misconduct - Prohibited require that staff report immediately any knowledge, suspicion, or information regarding a sexual abuse or harassment that occurred in a facility. OSPS.200.0004. defines employee as, “. . . an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification,” and identifies that the definition includes contractors and volunteers. P 314 PREA Operations Maryland – Procedure in the Event of Sexual Assault, provided for Health Care Staff by their employer, Wexford Health Sources Incorporated, identifies, in Section II, C and D, that all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the DOC, and that Wexford Health requires that an employees with knowledge of an incident of inmate sexual abuse or sexual harassment report that knowledge according to DPSCS procedure.

(a)-2, 3

However, none of these policies specifically require staff to report any retaliation against inmates or staff who reported such an incident, or to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. These policies do prohibit staff from engaging in retaliation, and from neglecting or violating their responsibilities, but they do not specifically require staff to report any instances of retaliation, or staff neglect, that they are aware of or that may be reported to them. Interestingly, random staff who were interviewed said that they were responsible for reporting incidents of sexual misconduct, retaliation and staff neglect. In answer to the reporting questions, the most common answer was, “we are required to report everything immediately.” You can draw from this that staff are well trained, but that agency policy falls short.

(b)-1

Executive Directive OSPS.200.0004 says that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and will only be made available to individuals involved in the reporting, processing, investigation, and resolution of the conduct and the care of the victim. The same language is identified in OSPS.050.0030. Random staff all said that they know they are not to reveal any information, regarding the sexual abuse, to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

(c)

P 314 PREA Operations Maryland – Procedure in the Event of Sexual Assault, says that Wexford Health requires their employees, with knowledge of an incident of inmate sexual abuse or sexual harassment, to report that knowledge according to DPSCS procedure. The Director of Nursing, in an interview, said that she has been trained on how to report incidents of sexual abuse and sexual harassment. A Social Worker identified herself as a mandated reporter and acknowledged that she is required to report any knowledge, suspicion, or information, regarding an incident of sexual abuse or sexual harassment, immediately upon learning of it. P314 PREA Operations – Maryland – Procedure in the Event of Sexual Assault does not address the mandated reporting duty of practitioners nor the limitations of confidentiality.

(d)

Maryland state law requires reporting of allegations of sexual abuse, to the designated State or local services agency, if the victim is under the age of 18 or is considered a vulnerable adult under a State or local vulnerable persons statute.

(e)

Agency policy requires that the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators, and there is no evidence that this does not happen. All reports are forwarded to IID who determines how the investigation, based on the complaint, should proceed. In an interview, the Warden affirmed that all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to designated facility investigators.

Because agency policies do not require staff to report any staff neglect or violation of duties that may have contributed to an incident or retaliation, the facility does not meet this standard.

Correction Action Plan: The agency should revise OSPS.050.0030 and OSPS.200.0004 to identify that staff have an obligation to report, not just any knowledge, suspicion, or information they have regarding an incident of sexual harassment or sexual abuse, but that they also have an obligation to report any retaliation against inmates or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility should provide copies of the revised documents to me.

Corrective Action Completed: After the on-site portion of the audit was completed, and the Interim Report had been submitted, the agency provided revised policy directives that do meet the standard and were actually in effect at the time of the audit. Unfortunately, in preparing for the audit, the agency/facility had uploaded outdated policies to the OAS.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Maryland Police and Correctional Training Commissions Lesson Plan

Interviews;

Facility Head/Warden

Random Staff

(a)-1

Maryland Executive Directive OSPS.200.0004 Inmate Sexual Misconduct requires staff to take reasonable actions to eliminate circumstances that may result in, or contribute to, an incident of inmate on inmate sexual conduct. Executive Directive OSPS.050.003 requires supervisors, managers, or shift commanders to take reasonable actions to eliminate circumstances that may result in, or contribute to, an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment. .” Division of Correction Manual: DOC.100.0002, Case Management, says in Section 18, Special Confinement Housing, Section A, “the DOC utilizes special confinement housing when an inmate requires close supervision, segregation from the general population, or both. It may be used to ensure the safety and security of the facility, staff, individual inmate, the general inmate population or some combination of these. Executive Directive OSPS.200.0005, in Section 5C1a, requires staff to use screening information to separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive. However, none of these documents, submitted by the facility, specifically address what action is to be taken when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse.

(a)-2

The facility claims that, in the 12 months, there were no instances where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. When the Warden was asked this question, in an interview, she said, “It depends on how it comes to be known to us, whether through medical, case management, tier officer, inmate dropping a note, and us investigating, dictates what we do. If an inmate reports that his cell buddy is raping him every night, that Case Manager knows what to do, to move him, separate him from the alleged abuser. We handle these instances on a case by case basis, but we have a mechanism to protect inmates 24/7. We’ll do what we need to whenever it happens.”

Random staff, when asked this question said, “remove them from the area,” “keep an eye on the prisoner until you receive direction from supervision,” and, “call the supervisor and monitor the prisoner.” All of these are logical answers, but they are also generic answers in the sense that they would also be appropriate actions to take when an inmate has identified that they were sexually assaulted. The answers do not reflect that staff were specifically trained to take certain actions when they believe an inmate is at imminent risk of being sexually assaulted. Therefore, I find that the facility does not meet the standard.

Corrective Action Plan: Revise agency policies to identify exactly what agency or facility responsibility is when it is learned that an inmate is subject to an imminent risk of sexual abuse.

Corrective Action Completed: The Agency PREA Coordinator submitted a copy of the Maryland Police and Correctional Training Commissions Lesson Plan. The Course Title is, "Correctional Entrance Level Training Program," and it is a course developed for instructing new employees about the Prison Rape Elimination Act. The training, on page 11, specifically instructs staff to take immediate action to protect the inmate when they learn that an inmate is subject to substantial risk of imminent sexual abuse. All new employees are required to complete this course with a 75% mastery to be allowed to advance through the new employee training program. Facility does meet the standard. However, even though this documentation is dated June 2015, it was not submitted until after the on-site portion of the audit was completed and the Interim Report was submitted. Thus, auditors had no opportunity to review it prior to the onsite portion of the audit.

## 115.63 Reporting to other confinement facilities

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OPS.050.0001 Sexual Misconduct

Executive Directive OPS.200.0005 Inmate Sexual Misconduct

Interviews:

Agency Head

a)-1, 2, 3, (b)-1, (c)-1

Executive Directive Number: OPS.050.0001 says that if a complaint of alleged sexual misconduct is received by staff, at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, must notify the managing official at the facility where the incident occurred, whether it is a Maryland DPSCS facility or not, and must notify the IID, regardless of jurisdiction for the facility where the incident occurred. Executive Directive OPS.200.0005 requires the same notification and adds the responsibility for the managing official to record the notification. The facility reports that, in the last 12 months, the facility has not received any allegations, from inmates, that they were abused while confined at another facility.

(d)-1, 2

OPS.050.0001 requires a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct and requires an IID representative, who has been notified of alleged abuse that occurred at another facility, to follow up with the managing official of the facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed.

The facility reports that, in the last 12 months, the facility has not received any allegations of sexual abuse from other facilities.

The Agency Head, in an interview, identified the Warden as the point of contact at Correctional Facilities, and the Facility Administrator as the point of contact for the State's Pre-Release Facilities, and said that all calls are reported to the appointing authority for the facility where the incident is alleged to have occurred and then IID decides who investigates.

## 115.64 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OPS.050.0001 Sexual Misconduct  
Executive Directive Number: OPS.200.0005 Inmate Sexual Conduct  
Maryland DPSCS Clinical Services Medical Evaluations Manual  
Wexford Health Procedure P-314

Interviews:

Custody First Responders  
Non-Custody First Responders

(a)-1, 2, 3, 4, 5, 6

OPS.050.0001 contains a list of duties the first correctional officer responding to an incident of sexual misconduct is responsible for. Those duties are identified as immediately stopping an incident in progress and separating the victim from the abuser, providing, or arranging for, medical attention when appropriate, preserving any evidence at the scene, and ensuring that neither the victim, nor the abuser, do anything that would contaminate or destroy physical evidence. OPS.200.0005 contains the same language. The facility reports that, in the last 12 months, no allegations that an inmate was sexually abused were received.

(b)-1, 2

OPS.050.0001 identifies that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee is responsible for immediately requesting that a correctional officer respond to the scene and for performing duties that the employee is officially qualified, or authorized, to perform. OPS.200.0005 contains the same language. Neither specifies that the non-custody first responder should request of the alleged victim that they not take any action that might destroy physical evidence.

(b)-3, 4, 5

The facility reports that no allegations of sexual abuse made, in the last 12 months, and there were no instances where a non-security staff member was a first responder.

Both custody and non-custody first responders were interviewed, and both were able to clearly state their responsibilities as first responders. The custody staff first responder answered the question by relating a personal experience and telling what actions he took, and in what order. In addition, several random staff were asked questions regarding their responsibilities, as first responders, and all were well able to explain their responsibilities and the steps they would take. All staff indicated they receive this information in their yearly in-service training. The curriculum for in-service training was reviewed and there is a section dedicated to first responders and their duties. However, agency policy does not meet the standard in that it does not specifically identify that non-custody first responders are required to request of any alleged victim that they not take any actions that might destroy physical evidence.

Corrective Action Plan: Revise agency policy to identify that non-custody first responders should request of the alleged victim that they not take any action that might destroy physical evidence.

Corrective Action Completed: After the on-site portion of the audit was completed, and the Interim Report had been submitted, the agency provided revised policy directives that do meet the standard and were in effect at the time of the audit. Unfortunately, in preparing for the audit, the agency/facility had uploaded outdated policies to the OAS.

## 115.65 Coordinated response

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

MCI-H 020.0026.1 PREA - Federal Standards Compliance

Interview:

Facility Head/Warden

MCI-H 020.0026.1, a facility specific policy, outlines a written plan for responding to allegations of sexual abuse that identifies, and coordinates, actions of first responders, IID, the PREA Compliance Manager, the Warden, mental health treatment staff, and medical staff. Responsibilities of the various staff are to safeguard the victim from further harm, secure the scene and house inmates appropriately, notify supervisor immediately, ensure that alleged victims and abusers do not destroy any physical evidence, send inmate for medical evaluation and request victim advocacy services if appropriate, house inmate appropriately after any medical exam/treatment is completed, provide appropriate medical and mental health follow-up, update the PREA Intake Screening and any alerts on facility data systems to inform housing, bed, work, education and program assignments to ensure safety of all inmates, conduct a prompt and thorough investigation, and conduct a sexual abuse incident review at the conclusion of each investigation. In an interview, the Warden affirmed that the facility has a specific, written plan that, "spells out everybody's responsibility." She added that staff have been given pocket cards, for quick reference, that contain all the steps they should follow.

## **115.66 Preservation of ability to protect inmates from contact with abusers**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

AFSCME Teamsters MOU

Maryland State Personnel and Pensions Management Rights

Interviews:

Agency Head

(a)-1

The facility has entered into, and/or renewed, collective bargaining agreements since August 20, 2012, and verified that the agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation. In an interview, the Agency Head said, "Maryland law requires that management retain all basic rights. It would not be legal to bargain such responsibilities away."

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.050.0030 Sexual Misconduct

Executive Directive OSPS.200.0004 Inmate Sexual Misconduct

MCIH.ID.020.0026.1 PREA-Federal Standards Compliance

Interview:

Staff Responsible for Monitoring Retaliation

(a)-1, 2

OSPS.050.0030 Sexual Misconduct and OSPS.200.0004 Inmate Sexual Misconduct both identify that the facility will monitor any individual, staff or inmate, who reports a sexual misconduct, participates in an investigation of sexual misconduct, or who is a victim of alleged sexual misconduct, for a minimum of 90 days from the date the incident was reported, to detect retaliation, actual or feared. The policies also say that if retaliation is identified or feared, the facility will protect all inmates and staff, who report or cooperate with sexual abuse and harassment complaints, against retaliation from other inmates or from staff. This facility has identified Captain Wise as their staff responsible for ensuring that retaliation monitoring is completed.

(b), 115.(c)-1, 2, 3, 4, 5, (e)

The agency employs multiple protection measures, such as housing changes, changes in staff work assignments, and provision of available medical or mental health services or counseling for inmates or staff who fear retaliation. Agency policy, and facility policy, MCIH.ID.020.0026.1 Prison Rape Elimination Act-Federal Standards Compliance, identifies that retaliation monitoring will continue for a minimum of 90 days. The facility reports that no incidents of retaliation have occurred in the past 12 months.

(d)

Both policy and interviews with staff identified multiple ways to protect inmates from retaliation and affirmed that the facility does monitor for retaliation. Staff provided written documentation of periodic status checks that were conducted, and Captain Wise was interviewed and said that he monitors the conduct and treatment of inmates for 90 days, and longer, if there is any reason to monitor past the 90 day period. Staff provided documentation, retaliation monitoring forms, that demonstrated that monitoring of inmates, who remain at the facility, continues for a minimum of 90 days. However, staff also said that they do not forward information, when an inmate who is being monitored transfers to another facility, nor have they continued any monitoring for an inmate, who transferred into their facility, during a 90-day retaliation monitoring period.

Correction Action Plan – Complete 90-day monitoring and submit documentation for all monitoring done through the Corrective Action Period including inmates who transfer into the facility during a monitoring period. In addition, demonstrate a process for communication with a facility an inmate is being transferred so that appropriate staff, at the receiving facility, will be

alerted to the need for to continued monitoring, at a minimum, through the 90 day period.

Corrective Action Completed - Facility PREA Compliance Manager submitted all required information to demonstrate that the facility now has a process for communicating with the receiving facility when an inmate who is being monitored for retaliation transfers. Facility now meets this standard.

## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

DOC.100.0002 Case Management Manual

Interview:

Facility Head/Warden

a)-1, 2, 3, 4

DOC.100.0002 Case Management Manual identifies, in Section 18 A, that the Department uses special confinement housing when an inmate requires close supervision, segregation from the general population, or both, and that it may be used to ensure the safety and security of the facility, staff, individual inmate, general population inmates, or some combination of those. In Section E, the Manual identifies that protective custody is appropriate only when required for the protection of an inmate and that every effort must be made, by case management staff and the managing official, to find suitable alternatives to protective custody housing. Identified possible alternatives include transfer to another housing unit, transfer to another facility, transfer of documented enemies of the inmate needing protection, transfer to another state, or assignment to home detention if the inmate is eligible. The facility reports not having assigned any inmates to segregated housing for protection in the last 12 months and a review of investigative files confirmed that claim.

(a)-5

The Case Management Manual does specify that any inmate assigned to segregated housing for protection will be reviewed at least every 30 days to determine continued need for the protective housing. Staff who supervise inmates in segregated housing said, in an interview, that inmates are only placed in segregated housing until a suitable alternative can be found and verified that their segregated housing assignment is reviewed every 30 days and that the review is documented.

In an interview, the Warden said, "We want to keep them off SEG if we can. You want to deal with perpetrators, but you do what you can in an urgent situation. We have housing codes that we use where we keep predators away from potential victims. But, we handle everything on a case by case basis. Me being warden at two facilities helps facilitate that, and we have PC here too, so we can use that."

## 115.71 Criminal and administrative agency investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.050.0030 Sexual Misconduct  
Executive Directive OPS.050.0001 Sexual Misconduct  
Executive Directive OPS.200.0005 Inmate Sexual Misconduct  
IIU-110-0011 Investigating Sex Related Offenses  
Investigative Training Lesson Plan  
Agency PREA Manual

Interviews:

IID Investigators (2)

(a)-1

Executive Directive OSPS.050.0030 holds unit heads responsible for ensuring that allegations of sexual misconduct are reported, investigated and resolved according to established procedures. Executive Directives OPS.050.0001 and OPS.200.0005 identify that IID investigators must conduct prompt, thorough and objective investigations of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards related to collecting and preserving evidence, interviewing victims, witnesses, and suspected perpetrators, conducting and using polygraph examinations, identifying suspects, preserving an individuals' personal dignity and legal rights, and maintaining confidentiality of the investigation. IIU-110-0011 requires a prompt, thorough and objective investigation of each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. A review of investigative files confirmed that the process called for in policy is followed and that all allegations, including those reported by a third party and those that are reported anonymously, are investigated according to policy requirements.

(b)

IID investigators are trained in conducting allegations of sexual abuse made in confinement settings. Submitted as evidence were a training lesson plan used to train investigators to conduct investigations of alleged sexual abuse in Maryland correctional facilities, and a Departmental computerized database printout verifying that all 30, State of Maryland, IID investigators had completed the training. The lesson plan included a quiz designed to demonstrate understanding of the material and identified a percentage score that must be achieved to complete the training. The printout identified all 30 investigators by name and identified the date they completed the training and their quiz score. All 30 had successfully completed the required training.

Although agency and facility policies require investigators to interview suspected perpetrators, as well as victims, none of the policies specifically require that investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator as part of the investigation, and neither of the investigative staff who was interviewed specifically identified this review as part of their investigation. A review of the investigative training lesson plan also did not reveal any such specific requirement.

(d)

No information regarding compelled interviews was identified in policy. One of the interviewed investigators said she would inform the alleged suspect of the Garrity rule and the other interviewed investigator said he would speak with the prosecutor if there was a question regarding interviews.

(e)

IIU-110-0011 identifies that the credibility of a victim, witness or suspect will be determined on an individual basis and not on the individual's status as inmate or staff. Executive Directive OPSP.050.0030 Sexual Misconduct – Prohibited identifies that a victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation.

(f)

IIU-110-0011 identifies that investigators assigned to investigate incidents involving sex related offenses are required to determine if employee action or lack of action contributed to the occurrence and to document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial, and documentary evidence, explains the reasoning behind credibility assessments, and includes facts and findings and, when appropriate, has related documents attached.

(g) (h)

OPS.050.0001 requires investigators, upon completing investigations of complaints of alleged sexual misconduct, to thoroughly document all aspects of the investigation in a written report and, if appropriate, refer for criminal investigation. The facility reports that one substantiated allegation of sexual conduct that appeared to be criminal, was referred for prosecution since the last PREA audit.

(i)

IIU-110-0011 requires the agency to maintain all written reports pertaining to the administrative and criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years.

(j)

IIU-110-0011 says that an investigation may not be terminated based on victim or suspect departure from the Department employment or custody, although neither of the investigators who were interviewed demonstrated good familiarity with this policy requirement. Both stated that if the investigation was of criminal behavior they would continue if the employee departed from employment with the Department or if the inmate was released from custody, but neither seemed to be familiar with the requirement to continue an administrative investigation under those circumstances because they felt nothing could be done to an employee who was no

longer employed by the Department, or to an inmate who was no longer in the custody of the Department, regardless of the outcome of the investigation.

(k)

The State of Maryland IID serves all State agencies.

(l)

Interviews of staff at the facility and IID investigative staff, along with the investigative file review, indicate that the facility does cooperate with the IID investigators and ensures that they remain informed about the progress of investigations.

Auditors found that the facility does not meet the standard based on the following:

1. Policy does not require investigators to review prior reports and complaints of sexual abuse involving the suspected perpetrator in an investigation,
2. There is no mention made of compelled interviews in agency/facility policy,

Corrective Action Required: Revise agency policies to identify that investigators are required to review prior reports and complaints of sexual abuse involving the suspected perpetrator in an investigation, and to discuss the use of compelled interviews.

After additional review of documents, auditor noted that the form used by investigators does contain a checkbox where the investigator can indicate whether they have reviewed prior reports and complaints of sexual abuse involving the suspected perpetrator in an investigation.

Corrective Action Required: Revise agency policy to identify that investigators are to conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Corrective Action Completed: Rather than revise agency policy to include information about the importance of conducting compelled interviews ONLY after consultation with the Prosecutor's Office, the Agency PREA Coordinator created an Agency PREA Manual that is somewhat confusing but does demonstrate that this is a requirement for compliance with the standard. In addition, he submitted, as documentation, a printout of an e-mail that was sent to all of the State of Maryland's IID Investigators, outlining their obligation to comply with all of the requirements of the PREA Manual, and a screen shot that demonstrates where the PREA Manual is available on the Department's computerized database, satisfying the requirements of the standard.

## 115.72 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

IIU-110-0011 Investigating Sex Related Offenses

COMAR 12.02.20.14 Inmate Discipline - Evidence Standard

COMAR 12.11.04.09 Office of the Secretary - Evidence Standards

Interviews:

IID Investigators (2)

(a)-1

IIU-110-0011 Investigating Sex Related Offenses identifies that investigators are to rely on a standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators who were interviewed were readily familiar with this policy requirement.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

IIU-110-0011 Investigating Sex Related Offenses

Executive Directive OSPS.050.0030 Sexual Misconduct

Executive Directive OSPS.200.0004 Inmate Sexual Misconduct

(a)-1, 2, 3

IIU-110-0011 Investigating Sex Related Offenses states that upon the conclusion of an investigation involving an inmate as a victim of a sex related offense, and based on a preponderance of evidence, the investigator is required to advise the victim inmate of the results of the investigation, specifically whether they be substantiated, unsubstantiated or unfounded. OSPS.050.0030 Sexual Misconduct and OSPS.200.0004 Inmate Sexual Conduct carry the same requirement. The facility reports that of the alleged sexual abuse investigations that were completed in the last 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation, was 4.

(b)-1, 2, 3

In Maryland, the IID, a State investigative agency under the same umbrella as the Department of Corrections, conducts all criminal, and some administrative, investigations for the facility.

(c)-1, 2, 3

OSPS.505.0030 holds unit heads responsible for notifying inmate victims, in situations where an employee was alleged to have victimized an inmate, and for as long as the inmate is under the authority of the Department, if the employee is no longer assigned to the inmate's housing unit, if the employee is no longer assigned at the inmate's facility, if the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility, and if the employee was convicted on a charge related to the sexual abuse that occurred within the facility. The facility reports that there has been a substantiated, or unsubstantiated, complaint of sexual abuse committed by a staff member, against an inmate at the facility, in the past 12 months and that, in each case, the alleged inmate victim was properly informed according to policy requirements.

(d)-1

OSPS.200.0004 Inmate Sexual Misconduct requires the facility to notify an inmate victim of alleged sexual abuse by another inmate, upon the conclusion of the investigation, if the accused inmate was in any way charged with a crime related to the sexual abuse that occurred within the facility or if the accused inmate was convicted on a charge related to the sexual abuse that occurred within the facility.

(e)-1, 2, 3

IIU.110.0011 Investigating Sex Related Offenses holds investigators responsible, in every case, for documenting all victim notifications by recording the name of the individual who notified the victim, the date, time and location of the victim notification, and the way the victim

was notified. The facility identified that, in the past 12 months, three notifications were made to inmates, pursuant to this policy, and a review of investigative files indicates that all notifications were properly made.

## 115.76 Disciplinary sanctions for staff

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.050.0030 Sexual Misconduct

Maryland DPSCX Standards of Conduct

a)-1, (b)-1, (b-)2, (c)-1, 2, (d)-1, 2

OSPS.050.0030 Sexual Misconduct identifies that an employee is subject to disciplinary action, up to and including termination of employment with the Department, if it is determined that the employee did not perform responsibilities established under the directive or neglected, or violated, other duties or responsibilities that contributed to an incident of sexual misconduct. The policy also says that employees determined to have committed sexual misconduct are in violation of Department Standards of Conduct and are subject to a penalty under the Standards of Conduct, up to and including termination of employment, criminal prosecution, and, if applicable, notification of a relevant licensing authority. The facility reports that, in the past 12 months, the number of staff from the facility who violated agency sexual abuse or sexual harassment policies is zero, thus no staff terminations for that reason.

Agency policy does not identify that termination from employment shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, nor does it state that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, or the sanctions imposed for comparable offenses by other staff with similar histories. The Maryland DPSCS Standards of Conduct does identify that unprofessional personal relationships, or contact with inmates, offenders, or clients constitutes third category infractions, and that such infractions shall result in termination from State service. It also identifies a system of progressive discipline for rule infractions, but nowhere does it specifically say that sanctions imposed for comparable offenses by other staff with similar histories will be taken into consideration when meting out discipline for violations of agency sexual abuse or sexual harassment policies. However, I find that that the standard is being met because the Standards of Conduct identify that contact with an inmate will result in termination for any employee of the State of Maryland DPSCS.

## 115.77 Corrective action for contractors and volunteers

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.050.0030 Sexual Misconduct

COMAR21.07.01.11 Contract Termination

Wexford Health Care Handbook

a)-1, 2, 3, 4, (b)

OSPS.050.0030 Sexual Misconduct identifies employee sanctions for violating agency policies relating to sexual harassment or sexual abuse and also provides a definition of employee that includes both contractors and volunteers. Thus, the same sanctions, discipline up to and including termination of services, criminal prosecution and, if applicable, notification of a relevant licensing body, apply.

COMAR21.07.01.11 also identifies that if the Contractor violates any provision of the contract, the State may terminate the contract, and the Wexford Handbook, for the contracted health care staff who are employed by Wexford Health Care, identifies that its employees are required to comply, always, with all correctional facility security policies and procedures. The facility reports that no contractors or volunteers have been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of inmates.

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number OSPS.200.0004 Inmate Sexual Misconduct

COMAAR 12.02.17, Inmate Discipline

Executive Directive Number OPS.200.0005 Inmate on Inmate Sexual Conduct Prohibited

Executive Directive Number OSPS.050.0030 Sexual Misconduct

(a)-1, 2, 3, 4

Executive Directive OSPS.200.0004 prohibits inmate on inmate sexual conduct and identifies that an inmate determined to have committed sexual conduct is subject to a penalty established under the Inmate Disciplinary Process and, if applicable, criminal prosecution. Submitted as documentation was the COMAR 12.02.27, Title 12 Department of Public Safety and Correctional Services that identifies, in Chapter 27 entitled Inmate Discipline, that inmates are required to comply with the rules of the Department of Corrections, and of the facility to which the inmate is assigned. The document also outlines a formal disciplinary process and sanctions that may be levied on an inmate who is determined to have committed a rule violation, including inmate-on-inmate sexual abuse, determined through the process of either an administrative or criminal investigation. The facility reports that there have been no instances of either administrative, or criminal, findings of guilt for inmate-on-inmate sexual abuse within the last 12 months.

(b)

COMAR 12.02.27 does require that a process of progressive discipline be followed and that the disciplinary process applies to all inmates, so it can be assumed that hearing officers, in assigning sanctions for rule violations, do consider the nature and circumstances of the abuse committed, an inmate's prior disciplinary history, and that sanctions are similar for all inmates who have been found guilty of similar rule violations.

©, (d)-1, 2

COMAR 12.02.27 does specify that if a hearing officer finds an inmate guilty of the rule violations charged, the hearing officer may consider the inmate's competency, at the time of the rule violation, as a mitigating circumstance when determining the sanction. OPS.200.0005 Inmate on Inmate Sexual Conduct says that an inmate may be required to participate in available therapy, counseling, other intervention designed to address and correct underlying reasons or motivation for sexual conduct, if available, as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. In an interview, the Warden said, "We have to go by COMAR which says it has to be taken into consideration." A Mental Health staff said, in an interview, "Counseling is treatment and yes, that is offered. We do have a Domestic Violence program and we get referrals and I assess them and they have to be eligible for the program meaning they have to admit they have a pattern. So, yes, we do offer treatment."

(e)

OPS.200.0005 Inmate on Inmate Sexual Conduct identifies that an inmate may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct.

(f)

Executive Directive OSPS.200.0004 says that a complaint of alleged inmate on inmate sexual conduct, made in good faith based upon a reasonable belief that the alleged inmate sexual conduct occurred may not be considered a false report or lying, even if the investigation does not establish enough evidence to substantiate the allegation of inmate on inmate sexual conduct. OSPS.050.0030 contains the same language.

(g)-1, 2

OSPS.200.0004 says that an inmate may not commit, participate in, support, or otherwise condone sexual conduct. It also identifies sexual abuse of an inmate as specific sexual behaviors that a victim inmate does not consent to, is coerced into by overt or implied threats of violence or is unable to consent to or to refuse.

## 115.81 Medical and mental health screenings; history of sexual abuse

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive OSPS.200.0005 PREA Intake Screening

PREA Intake Screening Instrument

Executive Directive OSPS.200.0004 Inmate Sexual Misconduct

Executive Directives OSPS.050.0030 Sexual Misconduct

Maryland DPSCS Medical Evaluation Manual

Interviews:

Social Work Staff

Contracted Medical Staff

Wexford Heath Sources, Inc., P-314 Procedure in the Event of Sexual Assault

a)-1, 2, 3, 4, (b)-1, 2, 3, 4, (c)

OSPS.200.0005 Screening says that if the inmate reveals that he or she has been a victim or perpetrator of a sexual assault, regardless of where the assault took place, the inmate must be offered a follow-up visit with mental health staff. The facility identified that within the past 12 months, three inmates disclosed prior victimization during screening and were offered a follow-up meeting with a medical or mental health practitioner. Sample documentation reviewed, and interviews with staff, demonstrated that the referrals are made, follow-up meetings were offered within 14 days of the intake screening, and mental health staff maintain documentation of the meetings.

(d)-1, 2

Executive Directives OSPS.200.0004 and OSPS.050.0030 specify that Information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim.

(e)

Wexford Heath Sources, Inc., P-314 Procedure in the Event of Sexual Assault identifies that staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse, or shows signs of having been abused, before reporting that knowledge or suspicion up the chain of command. Auditor was able to verify, through documentation review and interviews with staff, that medical and mental health practitioners do obtain informed consent from inmates before reporting information about prior victimization that did not occur in an institutional setting unless the inmate is under the age of 18, and this facility does not house inmates under the age of 18. A Social Worker who was interviewed said, "I go over informed consent at the beginning of the meeting. I always tell everyone I see what my mandatory reporting requirements are before we even talk about their matter. "

## 115.82 Access to emergency medical and mental health services

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

Executive Directive Number: OSPS.050.0030 Sexual Misconduct

Executive Directive Number: OSPS.200.0004 Inmate Sexual Misconduct

Maryland DPSCS Medical Evaluation Manual

Wexford Health Medical Services Form

Wexford Health PREA EVENT GUIDELINE

Wexford health P-314 Procedure in the Event of Sexual Assault

Interviews:

Assistant Director of Nursing

Social Work Staff

(a)-1

Executive Directive OSPS.050.0030 Sexual Misconduct – Prohibited holds supervisors, managers and shift commanders responsible for ensuring the safety of a victim of sexual misconduct through a coordinated response to a complaint of sexual misconduct that includes, among other things, referral for medical and mental health care follow-up and non-medical or mental health related counseling and support services. Wexford Health Sources Inc. P-314, Procedure in the Event of Sexual Assault identifies that Wexford Health will ensure that victims of sexual assault receive prompt and appropriate medical intervention. The Assistant Director of Nursing said, in an interview, “as soon as we are notified, they are brought to the dispensary and we do what we need to do, either treating them here or sending them out on the MDs direction. “When asked if inmates receive timely and unimpeded access to care, a Social Worker said, “Yes, always. As soon as there is a report of a PREA incident, they are taken to medical and once I’m notified, or Dr. Robinson is notified, we follow up as soon as we get notice. If there is an incident, I will follow up the same day. Other things get bumped off my schedule for PREA matters.”

(a)-2, 3, (b), (c)

Both medical and mental health staff verified that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment and that staff do maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services, that the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

(d)

Executive Directives OSPS.200.0004 Inmate Sexual Misconduct and OSPS.050.003 Sexual Misconduct identify that victims are offered access to health care at no cost to them.



## 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

**Auditor Overall Determination:** Exceeds Standard

### **Auditor Discussion**

Documentation:

Wexford HealthMedical Evaluation Manual

Executive Directive OSPS.050.0030 Sexual Misconduct

Executive Directive OSPS.200.0004 Inmate Sexual Misconduct

Interviews:

Agency PREA Coordinator

Facility PREA Compliance Manager

Medical Health Care Discharge Planner

(a) (c) (f) (g) (h)

Medical Evaluation Manual Chapter 13 Sexual Assault on an Inmate identifies that inmates reporting to have been sexually assaulted, while in DPSCS custody, shall be given an initial medical evaluation, and subsequent intervention, focused upon injury or trauma sustained during the assault. This document, the Medical Evaluation Manual, refers only to inmates who report having been sexually assaulted while in DPSCS custody, but does not specify that it also applies to inmates who report having been sexually assaulted in any prison, jail, lock up or juvenile facility. However, agency policy OSPS.050.0030 does hold unit heads, or a designee, responsible for ensuring that appropriate medical and mental health services and support services are made available to a victim of sexual misconduct, which can be inferred to mean to any victim of sexual abuse, regardless of where the abuse occurred.

The Manual calls for inmate victims to be seen for a follow-up within the first 24 hours following the initial visit, for all follow—up testing related to sexually transmitted infections, HBV, and RPR to be reviewed with the inmate within five business day, and for all the PREA related post assault follow-up clinical activities for medical, and mental health care, including testing and prophylactic treatment for sexually transmitted infections. The Manual also identifies that a mental health professional will see the inmate within 24 hours of an off-site medical evaluation, or within 24 hours of the initial report of the incident, if the situation did not generate the need for an off-site medical evaluation. It also identifies that alleged abusers will be offered both medical and mental health services at the time of the report, and as follow-up services as well, and that all such services will be provided at no cost to the inmate victim regardless of whether the victim names an abuser or cooperates with an investigation. The facility does provide medical and mental health care services consistent with the community level of care.

(b)

The Medical Evaluation Manual does not provide for any follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or upon release from custody. OSPS.200.0004 does discuss referring victims for appropriate medical and mental health follow up services but lists this responsibility in a section that identifies a specific time frame, one, in fact, where physical evidence may be available at the scene or from the victim or perpetrator.

(d) (e)

There are no female inmates housed at this facility.

The Medical Evaluation Manual does not provide for any follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or upon release from custody. OSPS.200.0004 does discuss referring victims for appropriate medical and mental health follow up services but lists this responsibility in a section that identifies a specific time frame, one, in fact, where physical evidence may be available at the scene or from the victim or perpetrator. Therefore, auditor finds that the standard is not being met.

Corrective Action Plan: Revise Medical Evaluation Manual to identify that the on-going medical and mental health services are available to inmates who report having been sexually assaulted in any prison, jail, lock up or juvenile facility and to provide for follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or in the event the inmate victim, or abuser, is released from custody.

Corrective Action Completed: Again, the information downloaded to the OAS was not the correct information. After the Interim Audit Report was submitted, the Agency PREA Coordinator provided the correct chapter of the Medical Evaluation Manual that clearly demonstrates that the Agency does indeed have a process for providing on-going medical and mental health services to inmates who report having been sexually assaulted in any prison, jail, lock up or juvenile facility and that follow-up services, treatment plans, and referrals for continued care are routinely made. He also presented a blank Continuity of Care form that is supposedly used in making referrals. He claimed he could not provide any copies of completed forms, due to confidentiality of medical information and the infrequency of this occurring at the facility. The Facility PREA Compliance Manager, having a much greater familiarity with this process, provided the names, and phone numbers, of the Medical Health Discharge Planners and I was able to interview one over the telephone. She said that EVERY inmate who leaves the facility, whether for transfer or discharge, is given a form to take with them that lists all diagnoses and treatment they have been involved in while incarcerated, and all medications that are currently prescribed for them. The form also lists follow-up care they should seek in the facility or community they are relocating to, and actually informs them where they might be able to obtain that care, listing specific agencies in communities they are being released to. Each inmate is given the opportunity to discuss this information with a Discharge Planner who provides information on services that will be available to them, and who will even schedule appointments for them, for follow-up care after they transfer or discharge, if appropriate. The process she described, that is given to every prisoner who transfers or discharges, was very thorough and even elaborate, in the services for after-care, that are offered. For this reason, Auditor now feels that the facility not only meets this standard, but that it exceeds it.

## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

Documentation:

COS.020.0027 Tracking PREA Investigations

Interview:

Warden

(a)-1, 2, (b)-1, 2, (c)-1

COS.020.0027 Tracking PREA Investigations says that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. The policy also says that the incident review team shall include upper-level facility management officials, designated by the facility managing official, after consultation with the facility PREA Compliance Manager. The Incident Review team, at MCI-H, includes the Chief of Security, and an IID Investigator, and is led by the Assistant Warden. In an interview, the Warden identified, as other contributors, Social Workers who regularly meet with inmates or a Food Service Supervisor who knows the inmate through his work assignment.

(d)

The same policy requires Incident Review Teams to:

- (1) consider if the incident or allegation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuses, to consider if the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, gang affiliation or other group dynamics at the facility,
- (2) Examine the location where the incident allegedly occurred to determine if there are physical plant issues that may have contributed to the incident, and assess staffing levels in the area, and the need for monitoring technology to augment or supplement staffing these areas, and
- (3) Prepare a report of findings for the managing official and PREA compliance manager, which include, but are not limited to identifying problem areas, necessary corrective action, and recommendations for improvement.

(e)

Section F of this policy says that the managing official shall work with the Facility PREA Compliance Manager to implement the team's recommendations for improvement or document the reason for not adopting the recommendation and ensure that reporting requirements under the directive are performed.

Interviews and file reviews indicated that the facility does meet the standard.

## **115.87 Data collection**

**Auditor Overall Determination:** Audited at Agency Level

**Auditor Discussion**

## **115.88 Data review for corrective action**

**Auditor Overall Determination:** Audited at Agency Level

**Auditor Discussion**

## **115.89 Data storage, publication, and destruction**

**Auditor Overall Determination:** Audited at Agency Level

**Auditor Discussion**

## **115.401 Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(h)

Auditors were able to conduct a site review through the entire facility, including buildings that are now unused and empty due to the reduction in inmate population experienced during the year 2017. All Housing Units were visited, all recreational areas, industries, medical and mental health treatment areas, food service, etc., all areas of the facility.

(i)

All documents auditors requested were provided.

(m)

Auditors were provided ample time and space to conduct private interviews with inmates.

(n)

Postings displaying information, including the date, of the scheduled PREA Audit were posted in Housing Units and common areas. The postings contained the name, and a mailing address, of the lead auditor, and informed inmates that they could send confidential information. No communication was received from any inmate prior to the audit.

## **115.403 Audit contents and findings**

**Auditor Overall Determination:** Audited at Agency Level

**Auditor Discussion**

## Appendix: Provision Findings

### 115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? yes

Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? yes

### 115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) yes

Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) yes

### 115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) yes

### 115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) yes

### 115.13 (a) Supervision and monitoring

Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video yes

monitoring, to protect inmates against sexual abuse?

Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? yes

Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? yes

Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ? yes

**115.13 (b) Supervision and monitoring**

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) yes

**115.13 (c) Supervision and monitoring**

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? yes

**115.13 (d) Supervision and monitoring**

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? yes

Is this policy and practice implemented for night shifts as well as day shifts? yes

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? yes

**115.14 (a) Youthful inmates**

Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) yes

**115.14 (b) Youthful inmates**

In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) yes

In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) yes

**115.14 (c) Youthful inmates**

Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)      yes

Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)      yes

Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)      yes

**115.15 (a) Limits to cross-gender viewing and searches**

Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?      yes

**115.15 (b) Limits to cross-gender viewing and searches**

Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)      yes

Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)      yes

**115.15 (c) Limits to cross-gender viewing and searches**

Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?      yes

Does the facility document all cross-gender pat-down searches of female inmates?      yes

**115.15 (d) Limits to cross-gender viewing and searches**

Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

**115.15 (e) Limits to cross-gender viewing and searches**

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? yes

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

**115.15 (f) Limits to cross-gender viewing and searches**

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.16 (a) Inmates with disabilities and inmates who are limited English proficient**

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all

aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? yes

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? yes

**115.16 (b) Inmates with disabilities and inmates who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

**115.16 (c) Inmates with disabilities and inmates who are limited English proficient**

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? yes

**115.17 (a) Hiring and promotion decisions**

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? yes

**115.17 (b) Hiring and promotion decisions**

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? yes

**115.17 (c) Hiring and promotion decisions**

Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check? yes

Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? yes

**115.17 (d) Hiring and promotion decisions**

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes

**115.17 (e) Hiring and promotion decisions**

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? yes

**115.17 (f) Hiring and promotion decisions**

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

**115.17 (g) Hiring and promotion decisions**

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes

**115.17 (h) Hiring and promotion decisions**

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) yes

**115.18 (a) Upgrades to facilities and technologies**

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) yes

**115.18 (b) Upgrades to facilities and technologies**

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) yes

**115.21 (a) Evidence protocol and forensic medical examinations**

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

**115.21 (b) Evidence protocol and forensic medical examinations**

Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

**115.21 (c) Evidence protocol and forensic medical examinations**

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? yes

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? yes

Has the agency documented its efforts to provide SAFEs or SANEs? yes

<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	na

<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

**115.31 (a) Employee training**

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

**115.33 (d) Inmate education**

Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? yes

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? yes

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? yes

**115.33 (e) Inmate education**

Does the agency maintain documentation of inmate participation in these education sessions? yes

**115.33 (f) Inmate education**

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? yes

**115.34 (a) Specialized training: Investigations**

In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

**115.34 (b) Specialized training: Investigations**

Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

**115.34 (c) Specialized training: Investigations**

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) yes

**115.35 (a) Specialized training: Medical and mental health care**

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? yes

<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

**115.41 (c) Screening for risk of victimization and abusiveness**

Are all PREA screening assessments conducted using an objective screening instrument? yes

**115.41 (d) Screening for risk of victimization and abusiveness**

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

**115.41 (i) Screening for risk of victimization and abusiveness**

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? yes

**115.42 (a) Use of screening information**

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? yes

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? yes

**115.42 (b) Use of screening information**

Does the agency make individualized determinations about how to ensure the safety of each inmate? yes

<b>115.42 (c)</b>	<b>Use of screening information</b>	<p>When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?</p> <p>When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?</p>	<p>yes</p> <p>yes</p>
<b>115.42 (d)</b>	<b>Use of screening information</b>	<p>Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?</p>	<p>yes</p>
<b>115.42 (e)</b>	<b>Use of screening information</b>	<p>Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?</p>	<p>yes</p>
<b>115.42 (f)</b>	<b>Use of screening information</b>	<p>Are transgender and intersex inmates given the opportunity to shower separately from other inmates?</p>	<p>yes</p>

**115.42 (g) Use of screening information**

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? yes

**115.43 (a) Protective Custody**

Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? yes

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? yes

**115.43 (b) Protective Custody**

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? yes

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? yes

**115.43 (c) Protective Custody**

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? yes

Does such an assignment not ordinarily exceed a period of 30 days? yes

**115.43 (d) Protective Custody**

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? yes

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? yes

<b>115.43 (e)</b>	<b>Protective Custody</b>	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
		Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
		Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b)</b>	<b>Inmate reporting</b>	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
		Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
		Does that private entity or office allow the inmate to remain anonymous upon request?	yes
		Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

**115.52 (c) Exhaustion of administrative remedies**

Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) na

**115.52 (d) Exhaustion of administrative remedies**

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) na

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) na

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) na

**115.52 (e) Exhaustion of administrative remedies**

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) na

Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) na

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) na

**115.52 (f) Exhaustion of administrative remedies**

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) na

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) na

Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) na

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) na

**115.52 (g) Exhaustion of administrative remedies**

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) na

**115.53 (a) Inmate access to outside confidential support services**

Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? yes

Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? yes

Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? yes

**115.53 (b) Inmate access to outside confidential support services**

Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? yes

**115.53 (c) Inmate access to outside confidential support services**

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? yes

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? yes

**115.54 (a) Third-party reporting**

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? yes

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? yes

**115.61 (a) Staff and agency reporting duties**

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? yes

**115.61 (b) Staff and agency reporting duties**

Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? yes

**115.61 (c) Staff and agency reporting duties**

Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? yes

Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? yes

**115.61 (d) Staff and agency reporting duties**

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? yes

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	no
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

**115.64 (a) Staff first responder duties**

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? yes

**115.64 (b) Staff first responder duties**

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? yes

**115.65 (a) Coordinated response**

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? yes

**115.66 (a) Preservation of ability to protect inmates from contact with abusers**

Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? yes

**115.67 (a) Agency protection against retaliation**

Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? yes

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

**115.67 (b) Agency protection against retaliation**

Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? yes

**115.67 (c) Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

**115.67 (d) Agency protection against retaliation**

In the case of inmates, does such monitoring also include periodic status checks? yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
		Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

- 115.71 (d) Criminal and administrative agency investigations**
- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? yes
- 115.71 (e) Criminal and administrative agency investigations**
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? yes
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? yes
- 115.71 (f) Criminal and administrative agency investigations**
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? yes
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? yes
- 115.71 (g) Criminal and administrative agency investigations**
- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? yes
- 115.71 (h) Criminal and administrative agency investigations**
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? no

- 115.71 (i) Criminal and administrative agency investigations**
- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? yes
- 115.71 (j) Criminal and administrative agency investigations**
- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? yes
- 115.71 (l) Criminal and administrative agency investigations**
- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) yes
- 115.72 (a) Evidentiary standard for administrative investigations**
- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? yes
- 115.73 (a) Reporting to inmates**
- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? yes
- 115.73 (b) Reporting to inmates**
- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) na

**115.73 (c) Reporting to inmates**

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? yes

Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? yes

**115.73 (d) Reporting to inmates**

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? yes

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
		Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
 <b>115.77 (b)</b>	 <b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
 <b>115.78 (a)</b>	 <b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
 <b>115.78 (b)</b>	 <b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
 <b>115.78 (c)</b>	 <b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

- 115.78 (d) Disciplinary sanctions for inmates**
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? yes
- 115.78 (e) Disciplinary sanctions for inmates**
- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? yes
- 115.78 (f) Disciplinary sanctions for inmates**
- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? yes
- 115.78 (g) Disciplinary sanctions for inmates**
- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) yes
- 115.81 (a) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? yes

**115.81 (b) Medical and mental health screenings; history of sexual abuse**

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

yes

**115.81 (c) Medical and mental health screenings; history of sexual abuse**

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?

yes

**115.81 (d) Medical and mental health screenings; history of sexual abuse**

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?

yes

**115.81 (e) Medical and mental health screenings; history of sexual abuse**

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?

yes

**115.82 (a) Access to emergency medical and mental health services**

Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

yes

**115.82 (b) Access to emergency medical and mental health services**

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? yes

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes

**115.82 (c) Access to emergency medical and mental health services**

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes

**115.82 (d) Access to emergency medical and mental health services**

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes

**115.83 (a) Ongoing medical and mental health care for sexual abuse victims and abusers**

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

**115.83 (b) Ongoing medical and mental health care for sexual abuse victims and abusers**

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? yes



**115.83 (h) Ongoing medical and mental health care for sexual abuse victims and abusers**

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

yes

**115.86 (a) Sexual abuse incident reviews**

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?

yes

**115.86 (b) Sexual abuse incident reviews**

Does such review ordinarily occur within 30 days of the conclusion of the investigation?

yes

**115.86 (c) Sexual abuse incident reviews**

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?

yes

**115.86 (d) Sexual abuse incident reviews**

Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? yes

Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? yes

Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? yes

Does the review team: Assess the adequacy of staffing levels in that area during different shifts? yes

Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? yes

Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? yes

**115.86 (e) Sexual abuse incident reviews**

Does the facility implement the recommendations for improvement, or document its reasons for not doing so? yes

**115.401 (h) Frequency and scope of audits**

Did the auditor have access to, and the ability to observe, all areas of the audited facility? yes

**115.401 (i) Frequency and scope of audits**

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? yes

**115.401 (m) Frequency and scope of audits**

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? yes

**115.401 (n) Frequency and scope of audits**

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? yes